

UPDATED: August 25, 2021

## Scope of Services for Certified Community Behavioral Health Clinics (CCBHC)

State Plan Authority – effective October 1, 2020

### SAMHSA Criteria 4.C. Crisis Behavioral Health Services

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
H2011		Adult Crisis assessment, intervention and stabilization by a MH professional	* See note below
H2011	HN	Adult Crisis assessment, intervention and stabilization by a MH practitioner	* See note below
H2011	HM	Adult Crisis assessment, intervention and stabilization by a MH rehab worker	* See note below
H2011	HQ	Adult Crisis stabilization – Group	* See note below
H2011	UA	Children's Crisis assessment, intervention and stabilization by a MH professional	* See note below
H2011	UA HN	Children's Crisis assessment, intervention and stabilization by a MH practitioner	* See note below
90882	HK	Community Intervention	* See note below
90882	HK HM	Community Intervention by a MH rehab worker	* See note below
H2022		Crisis stabilization - Alternate per day code	H2022 is an alternate code used by certain MCOs to pay for non-residential crisis stabilization on a per day basis. MCOs are not required to use this code.
See Note		Ambulatory withdrawal management: Outpatient withdrawal management (OWM) for mild withdrawal without extended onsite monitoring (ASAM Level 1.0)	Service is covered within an assessment or evaluation. Bill using assessment or E&M procedure codes.

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
H0014		Outpatient withdrawal management (OWM) for mild to moderate withdrawal from substance abuse with extended onsite monitoring (Ambulatory ASAM Level 2).	Policy change: new service to be covered under SPA authority.

\* The state defines crisis services as those provided by a state sanctioned crisis system. CCBHC or DCO must be enrolled to provide Adult and Children's MH Crisis Services (MN 256B.0624).

## SAMHSA Criteria 4D: Screening, Assessment and Diagnosis

### 4.d.3. Initial evaluation

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
See Note		2.b.1.Preliminary screening and risk assessment to determine acuity of needs	Not billable as an encounter—however, the activity is included in the CCBHC daily bundled rate.
90791	Q2 52	<b>Initial Evaluation</b> - Diagnostic Assessment - Brief	* See note below (1)
90792	Q2 52	<b>Initial Evaluation</b> - Diagnostic Assessment (with Medical Service)- Brief	* See note below (1)
90791	52	Diagnostic Assessment - Brief	* See note below (2)
90792	52	Diagnostic Assessment (with Medical Service)- Brief	* See note below (2)

\* (1) The Initial Evaluation (4.d.3.), including a preliminary diagnosis is billed as 90791 (Q2) (52) or 90792 (Q2)(52) only if completed by a Licensed MH Professional or MH Practitioner Clinical Trainee. Information gathered for the Initial Evaluation by unlicensed staff is considered an activity and not a billable encounter.

\* (2) 90791 / 90792 without a Q2 can continue to be used by CCBHCs to denote a diagnostic assessment that does not meet CCBHC criteria for Initial and Comprehensive Evaluations. This is an optional service which can be provided in special situations. Use of these codes without Q2 is subject to the same limitations that apply to other outpatient providers.

**SAMHSA Criteria 4.d.4. Comprehensive Evaluation**

<b>CPT or HCPC Code</b>	<b>Required Modifier</b>	<b>State Plan Covered Services</b>	<b>CCBHC Notes and Policy Changes</b>
90791	Q2	Diagnostic Assessment- Standard	* See note below (1)
90792	Q2	Diagnostic Assessment (with Medical Service)- Standard	* See note below (1)
90791	Q2 TG	Diagnostic Assessment- Extended	* See note below (1)
90792	Q2 TG	Diagnostic Assessment (with Medical Service)- Extended	* See note below (1)
H0001		Comprehensive Substance Use Disorder Assessment (chemical dependency assessment)	* See note below (1)
90791	Q2 TS	Adult Diagnostic Assessment- Update	* See note below (1)
90792	Q2 TS	Adult Diagnostic Assessment (with Medical Service)- Update	* See note below (1)
90791		Diagnostic Assessment	* See note below (2)
90792		Diagnostic Assessment (with Medical Service)	* See note below (2)

\* (1) 90791 / 90792 with Q2 refers to a Comprehensive Evaluation which complies with CCBHC criteria.

\* (2) 90791 / 90792 without a Q2 can continue to be used by CCBHCs to denote a diagnostic assessment that does not meet CCBHC criteria for Initial and Comprehensive Evaluations. This is an optional service which can be provided in special situations. Use of these codes without Q2 is subject to the same limitations that apply to other outpatient providers.

**SAMHSA Criteria 4.d.5. Behavioral Health Screenings**

**Additional Assessment and Diagnosis Services**

<b>CPT or HCPC Code</b>	<b>Required Modifier</b>	<b>State Plan Covered Service</b>	<b>CCBHC Notes and Policy Changes</b>
See Note		Mental health (including screening for clinical depression) and substance use disorders (tobacco, alcohol, and other drugs); assessment of imminent risk (including suicide risk, danger to self or others).	Behavioral health screenings are required and are covered services as part of an Evaluation & Management (E&M) service (99201-99215) or as part of an assessment (90791 or 90792).
90785		Interactive Complexity	
90887		Explanation of Findings	

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
96130		Psychological Testing Evaluation (FIRST HOUR ONLY)	Jan 1, 2019 - this code replaced 96101; Federal Change (Jan 2019): Billing unit change
96131		Psychological Testing Evaluation (EACH ADDITIONAL HOUR)	Federal Change (Jan 2019): Billing unit change
96136		Psychological Testing Administration & Scoring - Two or more tests by physician / qualified prof (FIRST 30 MIN ONLY)	Eff Jan 2019: these new CPT codes allow for greater differentiation of psych testing activities
96137		Psychological Testing Administration & Scoring - Two or more tests by Phys / qualified prof (EACH ADDT'L 30 MIN)	Eff Jan 2019: these new CPT codes allow for greater differentiation of psych testing activities
96138		Psychological Testing Administration - Technician admin (FIRST 30 MIN ONLY)	Jan 1, 2019 - these codes replaced 96102; Federal Change (Jan 2019): Billing unit change
96139		Psychological Testing Administration - Technician admin (EACH ADDITIONAL 30 MIN)	Jan 1, 2019 - these codes replaced 96102; Federal Change (Jan 2019): Billing unit change
96146		Psychological Testing - Electronic platform / automated results only	Jan 1, 2019 - this code replaced 96103

## Functional Assessment

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
H0031		Functional Assessment	* See note below
H0031	TS	Functional Assessment Update/Review	* See note below

\* Jan 1, 2019 - changed from more than one unit can be billed a day when the UD modifier is included. Changed from 15 min units to per-session charge (meaning that the UD modifier is no longer required and only one unit of this service will be allowed per day used as of 1/1/2019). Policy Change (Jul 2017): under SPA authority expand service availability to any CCBHC client. Current policy limits this service to ARMHS and CTSS. This code does not use Q2.

## SAMHSA Criteria 4E: Person-Centered and Family-Centered Treatment Planning

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
H0032	Q2	Comprehensive Integrated Treatment Plan	* See note below
H0032	Q2 TS	Comprehensive integrated treatment plan update or review	* See note below
H0032		Treatment Plan Development	* See note below
H0032	TS	Treatment plan update or review	* See note below

\* Jan 1 2019 - changed from more than one unit can be billed a day when the UD modifier is included. Changed from 15 min units to per-session charge (meaning that the UD modifier is no longer required and only one unit of this service is allowed per day as of 1/1/2019). Policy Change (Jul 2017): under SPA authority expand service availability for a single integrated treatment plan. Current policy limits this service to ARMHS and CTSS. CCBHCs can continue to bill H0032 without the Q2 modifier as an optional service limited to ARMHS & CTSS.

## SAMHSA Criteria 4F: Outpatient Mental Health and Substance Use Services

### Psychotherapy Services

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
90832		Psychotherapy, with patient and/or family member (30 min)	* see note below
90833		Psychotherapy, with patient and/or family member when performed with an E&M service (30 min)	* see note below
90834		Psychotherapy, with patient and/or family member (45 min)	* see note below
90836		Psychotherapy, with patient and/or family member when performed with an E&M service (45 min)	* see note below
90837		Psychotherapy, with patient and/or family member (60 min)	* see note below
90838		Psychotherapy, with patient and/or family member when performed with an E&M service (60 min)	* see note below
90839		Psychotherapy for Crisis (60 min)	* see note below

<b>CPT or HCPC Code</b>	<b>Required Modifier</b>	<b>State Plan Covered Service</b>	<b>CCBHC Notes and Policy Changes</b>
90840		Psychotherapy for Crisis, (add on to 90839 - 30 min)	* see note below
90846		Family Psychotherapy without patient present	* see note below
90847		Family Psychotherapy with patient present	* see note below
90849		Multiple Family Group Psychotherapy	* see note below
90853		Group Psychotherapy	* see note below
90875		Individual psychophysiological therapy incorporating biofeedback, with psychotherapy	* see note below
90876		Individual psychophysiological therapy incorporating biofeedback, with psychotherapy	* see note below
		<u>Clinical Care Consultation</u> – this service is paid at the posted/contracted rate. Per CMS, it is not eligible for the CCBHC daily bundled rate.	
H2027		Family Psychoeducation	Current coverage for children.
H2027	Q2	Family Psychoeducation	Policy Change: under SPA authority, expand to adult population. Current policy limits this service to children and their families.
99354		Prolonged service code for psychotherapy services (add on to 90837)	

\* CCBHC must meet standards for outpatient mental health services within MN 9505.0370-9505.0372

## Neuropsychological Services

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
96116		Neuropsychological Assessment - Neurobehavioral status exam (FIRST HOUR ONLY)	Jan. 2019 Federal billing unit change. Optional Service - Considered a specialized service
96121		Neuropsychological Assessment - Neurobehavioral status exam (EACH ADDITIONAL HOUR)	Jan. 2019 Federal billing unit change. Optional Service - Considered a specialized service
96132		Neuropsychological Testing Evaluation - Integration, interpretation, decision-making, treatment reporting, report (FIRST HOUR ONLY)	Jan 1, 2019 - replaced 96118. Optional Service - Considered a specialized service
96133		Neuropsychological Testing Evaluation - Integration, interpretation, decision-making, treatment reporting, report (EACH ADDITIONAL HOUR)	Jan 1, 2019 - replaced 96118. Optional Service - Considered a specialized service
96138		Neuropsychological Testing - Technician administered (FIRST 30 MIN ONLY)	Jan 1, 2019 - replaced 96119. Optional Service - Considered a specialized service
96139		Neuropsychological Testing - Technician administered (EACH ADDITIONAL 30 MIN)	Jan 1, 2019 - replaced 96119. Optional Service - Considered a specialized service
96120		Neuropsychological Testing - Computer administered	Optional Service - Considered a specialized service
H2012	HK	Cognitive Rehabilitative Therapy	Optional Service - Considered a specialized service

## Psychiatric Consultation to a Primary Care Provider

		<u>Psychiatric Consultation to a Primary Care Provider</u> – this service is paid at the posted/contracted rate. Per CMS, it is not eligible for the CCBHC daily bundled rate.	
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## Adult Day Treatment Services

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
H2012		Adult Behavioral Health Day Treatment	Optional Service - Considered a specialized service

## Dialectical Behavior Therapy (DBT) Intensive Outpatient Programs (IOP)

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes for this
H2019	U1	DBT Therapy	Optional Service - Considered a specialized service

## Mental Health Provider Travel Time

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes for this
H0046		Mental Health Provider Travel Time	Included in PPS rate to the extent staff travel is required to provide a CCBHC service. Must be billed together with the associated service.

## Substance Use Disorder Treatment

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes for this
H2035		Outpatient substance use disorder treatment	CCBHC must be licensed to provide SUD services under MN statute 245G
T1016	U8 HN	SUD Treatment Coordination	Coordination of SUD services is required by 245G



## Evaluation and Management

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes for this
99201 - 99205	See note	New patients: have not received professional services from the physician or qualified health care professional or any other physician or qualified health care professional in the same practice in the exact same specialty and subspecialty in the previous three years (99201-99205)	Treating provider must have a mental health specialty code.
99211 - 99215	See note	Established patients: received prior professional services from the physician or qualified health care professional or another physician or qualified health care professional in the practice of the exact same specialty and subspecialty in the previous three years (99211-99215)	Treating provider must have a mental health specialty code.
99441- 99443	See note	Evaluation and management services provided via telephone using the telephone services CPT codes	Effective 3/19/2020; Treating provider must have a mental health specialty code.

## SAMHSA Criteria 4H: Targeted Case Management Services

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes for this
T2023	HE	Mental Health Targeted Case Management Services	REQUIRED SERVICE - CCBHC/DCO must meet state and federal standards for Adult and Children targeted case management.

## SAMHSA Criteria 4I. Psychiatric Rehabilitative Services

### Adult Rehabilitative Mental Health Services (ARMHS)

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes for this
H2017		Psychosocial Rehabilitation – basic social and living skills	REQUIRED SERVICE - CCBHC/DCO must be certified ARMHS provider
H0034		Medication Education	
90882		Community Intervention	

### Children’s Therapeutic Services and Supports (CTSS)

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes for this
H2014	UA	Skills Training & Development	REQUIRED SERVICE - CCBHC/DCO must be certified CTSS provider
H2015	UA	Comprehensive Community Support Services (Crisis Assistance)	
H2019	UA	Therapeutic Behavioral Services	Optional Service - Considered a specialized service
H2012	UA	Behavioral Health Day Treatment	Optional Service - Considered a specialized service
S9480		Behavioral Health Day Treatment - - Alternate per day code	Optional Service - S9480 is an alternate code used by certain MCOs to pay for day treatment on a per day basis. MCOs are not required to use this code.

## SAMHSA Criteria 4J. Peer Supports, Peer Counseling and Family/Caregiver Supports

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes for this
H0038		Certified Peer Specialist Self-Help/Peer Services, Certified	Policy Change: under SPA authority include coverage of Certified Peer Specialist & Certified Peer Recovery Specialist Services. Effective 10/1/2020 Certified Peer Recovery Specialist is a service to be covered under SPA authority regardless of other services provided. *The U8 modifier applies to non-CCBHC providers effective January 1, 2019.
H0038	U8	Recovery Support Specialist	
H0038	HA	Family Peer Services	

## SAMHSA 4.G. Outpatient Clinic Primary Care Screening and Monitoring

CPT or HCPC Code	Required Modifier	State Plan Covered Service	CCBHC Notes and Policy Changes
See Note		Adult Body Mass Index (BMI) Screening and Follow-up	Primary care screening services are required and are covered services as part of an Evaluation & Management (E&M) service (99201-99215) or as part of an assessment (90791 or 90792).
See Note		Weight Assessment & Counseling for Nutrition and Physical	
See Note		Preventive Care and Screening: Tobacco Use: Screening &	
See Note		Preventative Care and Screening: Unhealthy Alcohol Use:	
See Note		Diabetes Screening (for people with Schizophrenia or Bipolar	

<b>Modifier</b>	<b>Definition (Some services require one or more modifiers)</b>
AG	Primary Care Provider receiving Psychiatric Consultation
AM	Consulting Psychiatrist to primary care provider
GT	<a href="#">Telemedicine - REVISED 10/19/18</a>
GY	Not Medicare Covered
HA	Child or Adolescent
HE	Mental Health
HH	Integrated Mental Health/Substance Use Disorder Program
HK	Intensive or Children's Day Treatment
HN	Mental Health Practitioner or Bachelor Degree Level (Clinical Trainee)
HM	Adult MH Rehabilitation Worker or Mental Health Behavioral Aide Level II
HO	Master's Level (Optional Code- no impact on billing)
HQ	Group Modality
HR	Family/Couple with Client Present
HS	Family w/o Client Present
Q2	CCBHC SPA/Demonstration
TF	Psychiatric Consultation, intermediate
TG	Extended Diagnostic Update/Psychiatric Consultation complex/lengthy
TS	Adult Diagnostic Update
UA	CTSS service package/Children's crisis service package
UD	ARMHS Transitioning to community living
UD	ARMHS/CTSS Timed Unit
U1	Dialectical Behavior Therapy (DBT)
U4	Service provided via non face-to-face contact, e.g., telephone
U5	Certified Peer Specialist Level II/
U6	Psychiatric Consultation, complex or lengthy
U7	Physician Extender
U8	Clinical care consultation, face to face 5 to 10 min.
U9	Clinical care consultation, face-to-face 11 to 20 min.
UB	Clinical care consultation, face-to-face 21 to 30 min.
UC	Clinical care consultation, face-to-face 31 min. and above
52	Reduced
77	Repeat procedure in same day
76	Repeat procedure in same day

CCBHCs should follow the MHCP Provider Manual in deciding when to use the above modifiers. Except as indicated above, these modifiers are not required to differentiate these procedure codes from non-CCBHC uses.