



# **Addendum A:**

## **Telemedicine**

### **Mandatory Minimum Codes for Medicaid Managed Care**

Version 4  
Effective Date: July 1, 2023

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# Addendum A: Mandatory Minimum Codes

## Medicaid Physicians & Federally Qualified Health Care (FQHC) Providers

The procedure codes listed below will be reimbursable when billed with place of service '02' or '10', Telehealth.

| Procedure Code | Description   |
|----------------|---|
| 99201          | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"><li>▪ A problem focused history;</li><li>▪ A problem focused examination;</li><li>▪ Straightforward medical decision making.</li></ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self-limited or minor.</p> <p>Typically, 10 minutes are spent face-to-face with the patient and/or family.</p>                           |
| 99202          | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"><li>▪ An expanded problem focused history;</li><li>▪ An expanded problem focused examination;</li><li>▪ Straightforward medical decision making.</li></ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low to moderate severity.</p> <p>Typically, 20 minutes are spent face-to-face with the patient and/or family.</p> |
| 99203          | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"><li>▪ A detailed history;</li><li>▪ A detailed examination;</li><li>▪ Medical decision making of low complexity.</li></ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate severity.</p> <p>Typically, 30 minutes are spent face-to-face with the patient and/or family.</p>  |

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| Procedure Code | Description  |
|----------------|--|
| 99204          | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A comprehensive history;</li> <li>▪ A comprehensive examination;</li> <li>▪ Medical decision making of moderate complexity.</li> </ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity.</p> <p>Typically, 45 minutes are spent face-to-face with the patient and/or family.</p>              |
| 99205          | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A comprehensive history;</li> <li>▪ A comprehensive examination;</li> <li>▪ Medical decision making of high complexity.</li> </ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity.</p> <p>Typically, 60 minutes are spent face-to-face with the patient and/or family.</p>                  |
| 99211          | <p>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.</p> <p>Usually, the presenting problem(s) are minimal.</p> <p>Typically, 5 minutes are spent performing or supervising these services</p>   |
| 99212          | <p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A problem focused history;</li> <li>▪ A problem focused examination;</li> <li>▪ Straightforward medical decision making.</li> </ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self-limited or minor.</p> <p>Typically, 10 minutes are spent face-to-face with the patient and/or family.</p> |

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| Procedure Code | Description  |
|----------------|--|
| 99213          | <p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A problem focused history;</li> <li>▪ A problem focused examination;</li> <li>▪ Straightforward medical decision making.</li> </ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self-limited or minor.</p> <p>Typically, 15 minutes are spent face-to-face with the patient and/or family.</p>       |
| 99214          | <p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A detailed history;</li> <li>▪ A detailed examination;</li> <li>▪ Medical decision making of moderate complexity.</li> </ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity.</p> <p>Typically, 25 minutes are spent face-to-face with the patient and/or family.</p>       |
| 99215          | <p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A comprehensive history;</li> <li>▪ A comprehensive examination;</li> <li>▪ Medical decision making of high complexity.</li> </ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity.</p> <p>Typically, 40 minutes are spent face-to-face with the patient and/or family.</p> |
| 99217          | Observation care discharge   |
| 99218          | Initial observation care   |
| 99219          | Initial observation care   |

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| Procedure Code | Description   |
|----------------|---|
| 99220          | Initial observation care  |
| 99221          | Initial hospital care   |
| 99222          | Initial hospital care   |
| 99223          | Initial hospital care   |
| 99231          | Subsequent hospital care  |
| 99232          | Subsequent hospital care  |
| 99233          | Subsequent hospital care  |
| 99234          | Observation/hospital same date  |
| 99235          | Observation/hospital same date  |
| 99236          | Observation/hospital same date  |
| 99238          | Hospital discharge day  |
| 99281          | <p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A problem focused history;</li> <li>▪ A problem focused examination;</li> <li>▪ Straightforward medical decision making.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problems and the patient's and/or family's needs.</p> <p>Usually the presenting problems are self-limited or minor</p>                                  |
| 99282          | <p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ An expanded problem focused history;</li> <li>▪ An expanded problem focused examination;</li> <li>▪ Medical decision making of low complexity.</li> </ul> <p>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.</p> <p>Usually, the presenting problem(s) are of low to moderate severity</p> |

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| Procedure Code | Description   |
|----------------|---|
| 99283          | <p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ An expanded problem focused history;</li> <li>▪ An expanded problem focused examination;</li> <li>▪ Medical decision making of moderate complexity.</li> </ul> <p>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.</p> <p>Usually, the presenting problem(s) are of moderate severity.</p>  |
| 99284          | <p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A detailed history;</li> <li>▪ A detailed examination;</li> <li>▪ Medical decision making of moderate complexity.</li> </ul> <p>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.</p> <p>Usually, the presenting problem(s) are of high severity and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.</p>   |
| 99285          | <p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:</p> <ul style="list-style-type: none"> <li>▪ A comprehensive history;</li> <li>▪ A comprehensive examination;</li> <li>▪ Medical decision making of high complexity.</li> </ul> <p>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.</p> <p>Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function</p> |
| 99310          | <p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A comprehensive interval history;</li> <li>▪ A comprehensive examination;</li> <li>▪ Medical decision making of high complexity.</li> </ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.</p>                                |

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| Procedure Code   | Description   |
|--|---|
|  | Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.   |
| 99315  | Nursing facility discharge day management; 30 minutes or less   |
| 99316  | Nursing facility discharge day management; more than 30 minutes   |
| 99318  | <p>Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>▪ A detailed interval history;</li> <li>▪ A comprehensive examination;</li> <li>▪ Medical decision making that is of low to moderate complexity.</li> </ul> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the patient is stable, recovering, or improving.</p> <p>Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.</p> |
| <b>Adult Day</b>   |   |
| Procedure Code   | Description   |
| T1016  | Case Management, per 15 minutes. Can only be provided for Medicaid recipient who is not in a waiver program and recipients in OHA programs  |
| <b>Child and Adolescent Intensive Treatment Services</b>                         |   |
| Procedure Code   | Description   |
| H0004  | Behavioral health counseling and therapy, per 15 minutes  |
| H2014  | Skills train and dev, 15 min  |
| <b>Dental Providers, inclusive of Federally Qualified Health Centers (FQHCs)</b> |   |
| Procedure Code   | Description   |
| D9310  | Consultation; emergency evaluation via video conference by a dentist with the patient regarding their problem, including obtaining diagnostic information and assessment, resulting in next steps, including prescribing medication if needed.  |
| D9992  | Case Management – Care Coordination; phone call with a patient to discuss next steps by a dentist   |

## Addendum A: Mandatory Minimum Codes

| Developmental Disabilities |  |
|----------------------------|--|
| Procedure Code             | Description  |
| T2017                      | Habilitation, residential, waiver; 15 minutes  |
| T2017 UD                   | Habilitation, educational, waiver, per 15 minutes/Medicaid level of care 13 state defined  |
| T2017 UD U8                | Habilitation, educational, waiver, per 15 minutes/Medicaid level of care 13 state defined/Medicaid level of care 8, as defined by each state |
| T2021 U8                   | Day habilitation, waiver, per 15 minutes/Medicaid level of care 8, as defined by each state  |
| Doula Services             |  |
| Procedure Code             | Description  |
| S9445                      | Patient education, not otherwise classified, non-physician provider (prenatal services)  |
| S9446                      | Patient education, not otherwise classified, non-physician provider (post-natal services)  |
| Early Intervention         |  |
| Procedure Code             | Description  |
| 92522                      | Evaluation of speech sound   |
| 92523                      | Evaluation of speech sound production and expressive/receptive language  |
| 92523 52                   | Evaluation of speech sound production and expressive/receptive language (abbreviated procedure)  |
| 97161                      | Physical Therapy Evaluation: Low Complexity  |
| 97162                      | Physical Therapy Evaluation: Moderate Complexity   |
| 97163                      | Physical Therapy Evaluation: High Complexity This must include video component   |
| 97164                      | Physical Therapy Reevaluation  |
| 97165                      | Occupational Therapy Evaluation: Low Complexity  |
| 97166                      | Occupational Therapy Evaluation: Moderate Complexity   |
| 97167                      | Occupational Therapy Evaluation: High Complexity This must include a video component   |
| 97168                      | Occupational Therapy Reevaluation  |
| H0046                      | Supervision  |
| H2000                      | Comprehensive multidisciplinary evaluation   |
| S9446                      | Patient education, not otherwise classified, non-physician provider, group, per session  |
| T1013                      | Translation services SIGN LANGUAGE OR ORAL INTERPRETER SERVICES  |
| T1016                      | Case Management, each 15 minute  |



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| Procedure Code | Description  |
|----------------|--|
| T1016 TF       | Case Management, each 15 minute; Intermediate tech level of care – 2 Staff   |
| T1016 TG       | Case Management, each 15 minute; Complex/High tech level of care – 3 staff   |
| T1023          | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter  |
| T1023 TL       | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter/ early intervention/individualized family service plan |
| T1024          | Team Treatment   |
| T1024 AE       | Team Treatment, Dietician/Nutritionist   |
| T1024 AJ       | Team Treatment, Clinical Social Worker   |
| T1024 GN       | Team Treatment, Speech/Language Pathologist  |
| T1024 GO       | Team Treatment, Occupation Therapist   |
| T1024 GP       | Team Treatment, Physical Therapist   |
| T1024 HN       | Team Treatment, Bachelor’s Degree Level  |
| T1024 HP       | Team Treatment, Doctoral Level   |
| T1024 TD       | Team Treatment, Register Nurse   |
| T1024 TG       | Team Treatment, Complex Level of Care  |
| T1024 TG HO    | Team Treatment, Complex Level of Care, Master’s Degree Level   |
| T1027          | Family training, and counseling for child development, per 15 minutes  |
| T1027 AE       | Family training and counseling for child development, per 15 minutes; services delivered by a certified Nutritionist or Dietitian  |
| T1027 AJ       | Family training and counseling for child development, per 15 minutes; services delivered by a Clinical Social Worker   |
| T1027 GO       | Family training and counseling for child development, per 15 minutes; service delivered by an Occupational Therapist   |
| T1027 GN       | Family training and counseling for child development, per 15 minutes; services delivered by a Speech-Language Pathologist or Speech Language Pathologist Assistant   |
| T1027 GP       | Family training and counseling for child development, per 15 minutes; service delivered by a Physical Therapist  |
| T1027 HN       | Family training and counseling for child development, per 15 minutes; Bachelor’s Level   |
| T1027 HP       | Family training and counseling for child development, per 15 minutes; Doctoral Level   |
| T1027 TD       | Family training and counseling for child development, per 15 minutes; services delivered by a Registered Nurse   |
| T1027 TG       | Family training and counseling for child development, per 15 minutes; complex / high tech level of care  |
| T1027 TG HO    | Family training and counseling for child development, per 15 minutes; complex/high tech level of care/ Master’s Degree Level   |

## Addendum A: Mandatory Minimum Codes

| <b>First Connections</b>   |  |
|--|--|
| <b>Procedure Code</b>  | <b>Description</b>   |
| 99502  | Home visit newborn care and assessment; Paraprofessional   |
| 99502 AJ   | Home visit newborn care and assessment; Social Worker  |
| 99502 TD   | Home visit newborn care and assessment; Nurse  |
| P009   | Newborn affected by unspecified maternal condition; 0-6 Months   |
| R6250  | Unspecified lack of expected normal physiological development; 6 months – 3 years  |
| <b>HIV Case Management</b>                                       |  |
| <b>Procedure Code</b>  | <b>Description</b>   |
| X0377  | Targeted Case Management for HIV   |
| <b>Home-Based Therapeutic Services/Applied Behavior Analysis</b> |  |
| <b>Procedure Code</b>  | <b>Description</b>   |
| H0046  | Mental health service, NOS   |
| H0046 HO   | Mental health service, NOS - Master's Degree or higher   |
| H0046 HP   | Mental health service, NOS - Doctoral Degree   |
| H2014 HP   | Skills train and dev, 15 min - Doctoral Degree   |
| H2014 HO   | Skills train and dev, 15 min - Master's Degree or higher   |
| S9446  | Patient education, not otherwise classified, non-physician provider, group, per session  |
| T1013  | Translation services SIGN LANGUAGE OR ORAL INTERPRETER SERVICES  |
| T1016  | Case management, each 15 minutes   |
| T1024  | Evaluation and treatment by an integrated specialty team contracted to provide coordinate care to multiple or severely handicapped children, per encounter |
| <b>Home Care/Hospice</b>   |  |
| <b>Procedure Code</b>  | <b>Description</b>   |
| G0155  | Services of clinical social worker in home health or hospice setting, each 15 minutes  |
| G0156  | Services of home health/hospice aide in home health or hospice setting, each 15 minutes  |
| G0299  | Direct skilled nursing services of a registered nurse in the home health or hospice setting, each 15 minutes   |
| S5125  | Attendant care services; per 15 minutes  |

## Addendum A: Mandatory Minimum Codes

| Procedure Code                                   | Description  |
|--|--|
| T1000  | Private duty/independent nursing service(s) – Licensed, up to 15 minutes/LPN   |
| T1001  | Nursing assessment/evaluation  |
| T1002  | RN nurse service/15 minutes  |
| T1003  | LPN/LVN services, up to 15 minutes   |
| T1031  | Nursing care, in the home, by Licensed Practical Nurse, per diem   |
| X0043  | Home health nursing and therapy This must include a video component unless provided by RN. If provided by RN telephone only is allowable   |
| <b>Kids Connect</b>                              |  |
| Procedure Code                                   | Description  |
| H2000  | Comprehensive Multi-Disciplinary Evaluation (assessment and plan development)  |
| H2021  | Community-based wrap-around services, per 15 minutes; Max of 1 hour per week   |
| <b>Personal Assistance Services and Supports</b> |  |
| Procedure Code                                   | Description  |
| T1016  | Case management, each 15 minutes   |
| T1019  | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant)                                   |
| T1019 TF   | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant) - intermediate level of care      |
| T1019 TG   | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant) - Complex/high tech level of care |
| T1027  | Family training and counseling for child development, per 15 minutes   |
| S9446  | Patient education, not otherwise classified, non-physician provider, group, per session  |

# Addendum A: Mandatory Minimum Codes

## RI Medicaid Behavioral and Mental Health Services

The procedure codes and procedure/modifiers listed below will be reimbursable at their existing in-home or in-office-setting rates when billed with place of service ‘02’, Telehealth. All code unit-of-service limits remain unchanged and claims should continue to be billed in their customary format.

| <b>Centers of Excellence</b>            |  |
|---|--|
| <b>Procedure Code</b>                   | <b>Description</b>   |
| H0025                                   | Behavioral Health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior) |
| <b>Certified Ph.D. Psychologist</b>     |  |
| <b>Procedure Code</b>                   | <b>Description</b>   |
| 90791 HP                                | Psychiatric diagnostic evaluation without medical services   |
| 90832 HP                                | Psychotherapy, 30 minutes with patient and/or family member  |
| 90834 HP                                | Psychotherapy, 45 minutes with patient and/or family member  |
| 90837 HP                                | Psychotherapy, 60 minutes with patient and/or family member  |
| 90846 HP                                | Family psychotherapy (without the patient present)   |
| 90847 HP                                | Family psychotherapy (conjoint psychotherapy) (with patient present)   |
| <b>Child Mental Health Physician</b>    |  |
| <b>Procedure Code</b>                   | <b>Description</b>   |
| 90791                                   | Psychiatric diagnostic interview examination including history, mental status, or disposition  |
| 90832                                   | Psychotherapy, 30 minutes with patient and/or family member  |
| 90834                                   | Psychotherapy, 45 minutes with patient and/or family member  |
| 90837                                   | Psychotherapy, office/outpatient facility, 60 minutes face to face with the patient  |
| H2010                                   | Comprehensive medication services, per 15 minutes  |
| <b>Child Mental Health Psychologist</b> |  |
| <b>Procedure Code</b>                   | <b>Description</b>   |
| 90791 HP                                | Psychiatric diagnostic interview examination including history, mental status, or disposition  |
| 90832 HP                                | Psychotherapy 30 minutes with patient and/or family member   |
| 90834 HP                                | Psychotherapy 45 minutes with patient and/or family member   |
| 90837 HP                                | Psychotherapy office/outpatient facility, 60 minutes face to face with the patient   |

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| <b>Child Mental Health Social Worker</b> |   |
|--|---|
| <b>Procedure Code</b>                    | <b>Description</b>  |
| H0004 AJ                                 | Behavioral health counseling and therapy, per 15 minutes  |
| H0004 HQ AJ                              | Group behavioral health counseling and therapy, per 15 minutes  |
| H0004 HO HR                              | Behavioral health counseling and therapy, per 15 minutes with patient present   |
| H0004 HO HS                              | Behavioral health counseling and therapy, per 15 minutes without patient present  |
| H0031 AJ                                 | Mental health assessment by non-physician   |
| <b>Coordinated Care Services</b>         |   |
| <b>Procedure Code</b>                    | <b>Description</b>  |
| H0019 U1                                 | Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem; Medicaid level of care 1, as defined by each state |
| H0037                                    | Community psychiatric supportive treatment program, per diem  |
| H0040                                    | Assertive community treatment program, per diem   |
| H2011 U1                                 | Crisis intervention service, per 15 minutes   |
| H2023                                    | Supported employment, per diem  |
| H2031                                    | Mental Health clubhouse services, per diem  |
| S9485                                    | BH Link Encounter   |
| <b>Counselor</b>                         |   |
| <b>Procedure Code</b>                    | <b>Description</b>  |
| 90791 UA                                 | Psychiatric diagnostic evaluation without medical services  |
| 90832 UA                                 | Psychotherapy, 30 minutes with patient and/or family member   |
| 90834 UA                                 | Psychotherapy, 45 minutes with patient and/or family member   |
| 90837 UA                                 | Psychotherapy, 60 minutes with patient and/or family member   |
| 90846 UA                                 | Family psychotherapy (without the patient present)  |
| 90847 UA                                 | Family psychotherapy (conjoint psychotherapy) (with patient present)  |

## Addendum A: Mandatory Minimum Codes

| <b>Limited Chemical Dependency Professional</b> |  |
|---|--|
| <b>Procedure Code</b>                           | <b>Description</b>   |
| 90791 HF  | Psychiatric diagnostic evaluation without medical services           |
| 90832 HF  | Psychotherapy, 30 minutes with patient and/or family member          |
| 90834 HF  | Psychotherapy, 45 minutes with patient and/or family member          |
| 90837 HF  | Psychotherapy, 60 minutes with patient and/or family member          |
| 90846 HF  | Family psychotherapy (without the patient present)                   |
| 90847 HF  | Family psychotherapy (conjoint psychotherapy) (with patient present) |
| <b>Marriage and Family Therapist</b>            |  |
| <b>Procedure Code</b>                           | <b>Description</b>   |
| 90832 HO  | Psychotherapy, 30 minutes with patient and/or family member          |
| 90834 HO  | Psychotherapy, 45 minutes with patient and/or family member          |
| 90837 HO  | Psychotherapy, 60 minutes with patient and/or family member          |
| 90846 HO  | Family psychotherapy (without the patient present)                   |
| 90847 HO  | Family psychotherapy (conjoint psychotherapy) (with patient present) |
| 90791 AJ  | Psychiatric diagnostic evaluation without medical services           |
| 90791 HO  | Psychiatric diagnostic evaluation without medical services           |
| <b>Mental Health Counselor</b>                  |  |
| <b>Procedure Code</b>                           | <b>Description</b>   |
| 90791 HO  | Mental health assessment by non-physician, 90 minutes                |
| 90832 HO  | Psychotherapy, 30 minutes with patient and/or family member          |
| 90834 HO  | Psychotherapy, 45 minutes with patient and/or family member          |
| 90837 HO  | Psychotherapy, 60 minutes with patient and/or family member          |
| 90846 HO  | Family psychotherapy (without the patient present)                   |
| 90847 HO  | Family psychotherapy (conjoint psychotherapy) (with patient present) |

## Addendum A: Mandatory Minimum Codes

| <b>MSW Social Worker; Principal Occupational Therapist; Principal Rehabilitation Counselor</b> |   |
|--|---|
| <b>Procedure Code</b>  | <b>Description</b>  |
| 90791 AJ   | Psychiatric diagnostic evaluation without medical services                                    |
| 90832 AJ   | Psychotherapy, 30 minutes with patient and/or family member                                   |
| 90834 AJ   | Psychotherapy, 45 minutes with patient and/or family member                                   |
| 90837 AJ   | Psychotherapy, 60 minutes with patient and/or family member                                   |
| 90846 AJ   | Family psychotherapy (without the patient present)  |
| 90847 AJ   | Family psychotherapy (conjoint psychotherapy) (with patient present)                          |
| <b>Peer Recovery</b>   |   |
| <b>Procedure Code</b>  | <b>Description</b>  |
| H0038 U2   | Self-help/peer services, per 15 minutes   |
| H0038 U3   | Self-help/peer services, per 15 minutes   |
| <b>Physician</b>   |   |
| <b>Procedure Code</b>  | <b>Description</b>  |
| 90792  | Psychiatric diagnostic interview examination including history, mental status, or disposition |
| 90846  | Family psychotherapy (without the patient present)  |
| 90847  | Family psychotherapy (conjoint psychotherapy) (with patient present)                          |
| 90853  | Group psychotherapy (other than of a multiple family group)                                   |
| <b>Principal Counselor</b>   |   |
| <b>Procedure Code</b>  | <b>Description</b>  |
| 90791 UA   | Psychiatric diagnostic evaluation without medical services                                    |
| 90832 UA   | Psychotherapy, 30 minutes with patient and/or family member                                   |
| 90834 UA   | Psychotherapy, 45 minutes with patient and/or family member                                   |
| 90837 UA   | Psychotherapy, 60 minutes with patient and/or family member                                   |
| 90846 UA   | Family psychotherapy (without the patient present)  |
| 90847 UA   | Family psychotherapy (conjoint psychotherapy) (with patient present)                          |

## Addendum A: Mandatory Minimum Codes

| <b>Registered Nurse</b>                      |  |
|--|--|
| <b>Procedure Code</b>                        | <b>Description</b>   |
| 99211 TD                                     | Office or other outpatient visit for the evaluation and management of established patient                          |
| 90791 TD                                     | Psychiatric diagnostic evaluation without medical services   |
| <b>Substance Abuse</b>                       |  |
| <b>Procedure Code</b>                        | <b>Description</b>   |
| H0001  | Alcohol and/or Drug assessment, 60 – 90 minutes  |
| H0004  | Behavioral health counseling and therapy, per 15 minutes   |
| H0020  | Alcohol and/or drug services; methadone administration and/or service 1 unit/week                                  |
| H0020 U1                                     | Alcohol and/or drug services; methadone administration and/or service 1 unit/week                                  |
| H0036 HN                                     | Community psychiatric supportive treatment, face-to-face, per 15 minutes/Bachelor's Degree Level                   |
| <b>Psychiatrist</b>                          |  |
| <b>Procedure Code</b>                        | <b>Description</b>   |
| 90792  | Psychiatric diagnostic evaluation with medical services  |
| 90846  | Family psychotherapy (without the patient present)   |
| 90847  | Family psychotherapy (conjoint psychotherapy) (with patient present)   |
| 90833  | Psychotherapy, 30 minutes with patient &/or family member when performed with an evaluation and management service |
| 90838  | Psychotherapy, 60 minutes with patient &/or family member when performed with an evaluation and management service |
| 99212  | Office or other outpatient visit for the evaluation and management of an established patient                       |
| 99213  | Office or other outpatient visit for the evaluation and management of an established patient                       |
| 99214  | Office or other outpatient visit for the evaluation and management of an established patient                       |
| 99215  | Office or other outpatient visit for the evaluation and management of an established patient                       |
| <b>Psychiatric Clinical Nurse Specialist</b> |  |
| <b>Procedure Code</b>                        | <b>Description</b>   |
| 90792 TD TF                                  | Psychiatric diagnostic evaluation with medical services  |
| 90833 TD TF                                  | Psychotherapy, 30 minutes with patient &/or family member when performed with an evaluation and management service |
| 90838 TD TF                                  | Psychotherapy, 60 minutes with patient &/or family member when performed with an evaluation and management service |
| 90846 TD TF                                  | Family psychotherapy (without the patient present)   |



## Addendum A: Mandatory Minimum Codes

| Procedure Code | Description  |
|----------------|--|
| 90847 TD TF    | Family psychotherapy (conjoint psychotherapy) (with patient present)                         |
| 99212 TD TF    | Office or other outpatient visit for the evaluation and management of an established patient |
| 99213 TD TF    | Office or other outpatient visit for the evaluation and management of an established patient |
| 99214 TD TF    | Office or other outpatient visit for the evaluation and management of an established patient |
| 99215 TD TF    | Office or other outpatient visit for the evaluation and management of an established patient |