

Oklahoma Department of Mental Health
and Substance Abuse Services

SERVICES MANUAL

FY2015

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PURPOSE

This Services Manual is intended as a reference document for Oklahoma Department of Mental Health and Substance Abuse contracted providers. It contains requirements for provision and reimbursement of behavioral health services.

SERVICE QUESTIONS- WHO TO CONTACT

For service questions or contract issues please call Jacki Millspaugh, Clinical Support Manager, (405) 522-3863.

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LEVELS OF CARE AND SERVICES

OUTPATIENT SERVICES (OO)

LEVELS OF SERVICE PROVIDERS

Behavioral Health Aide (BHA)

Individuals must have completed 60 hours or equivalent of college credit or may substitute one year of relevant employment and/or responsibility in the care of children with complex emotional needs for up to two years of college experience, and: (i) must have successfully completed the specialized training and education curriculum provided by the ODMHSAS; and (ii) must be supervised by a bachelor's level individual with a minimum of two years case management experience or care coordination experience; and (iii) treatment plans must be overseen and approved by a LBHP; and (iv) must function under the general direction of a LBHP and/or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation.

Behavioral Health Case Manager (BHCM)

An individual certified as a Behavioral Health Case Manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

Note: There are two levels of Behavioral Health Case Manager-

Behavioral Health Case Manager I-

Completed 60 college credit hours or high school diploma and 36 total months of experience working with persons who have a mental illness.

Behavioral Health Case Manager II-

Certification issued between July 1, 2013 and June 30, 2014 –

A bachelor's or master's degree in a behavioral health related field; or a bachelor's or master's degree in Education, with at least 9 hours of credit in a behavioral health related field; or current license as a registered nurse in Oklahoma with experience in behavioral health care; or a bachelor's or master's degree in any field and current certification as a Certified Psychiatric Rehabilitation Practitioner (CPRP) from the United States Psychiatric Rehabilitation Association.

Certification issued July 1, 2014 or after -

A bachelor's or master's degree in a behavioral health related field; or a bachelor's or master's degree in Education; or current license as a registered nurse in Oklahoma with experience in behavioral health care; or a bachelor's or master's degree in any field and either a current certification as a Certified Psychiatric Rehabilitation Practitioner (CPRP), or a Children's Certificate in Psychiatric Rehabilitation from the United

States Psychiatric Rehabilitation Association, or a Bachelor's or Master's degree in any field and proof of active progression toward obtaining a clinical licensure Master's or Doctoral degree from a regionally accredited college or university recognized by the USDE.

Certified Alcohol and Drug Counselor (CADC)

Oklahoma certification as an Alcohol and Drug Counselor.

Certified Alcohol and Drug Counselor Under Supervision (CADC-U)

Under supervision to attain Oklahoma certification as an Alcohol and Drug Counselor.

Employment Consultant (EC)

Individual who (i) has a high school diploma or equivalent; and (ii) successful completion of Job Coach training.

Family Support and Training Provider (FSP)

An FSP must (i) have a high school diploma or equivalent; (ii) be 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance, or a minimum of 2 years experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or care givers of child with SED); (iii) successful completion of Family Support Training according to a curriculum approved by the ODMHSAS; (iv) pass OSBI background check; and (v) treatment plans must be overseen and approved by a LBHP; and (vi) must function under the general direction of a LBHP or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation.

Intensive Case Manager (ICM)

There are two different types of Intensive Case Manager:

SOC Wraparound Facilitator Case Manager-

An LBHP, CADC, or certified as a Behavioral Health Case Manager II, and has the following: 1) successful completion of the ODMHSAS training for wraparound facilitation within six months of employment; and 2) participates in ongoing coaching provided by ODMHSAS and employing agency; and 3) successfully completes wraparound credentialing process within nine months of beginning process; and 4) direct supervision or immediate access and a minimum of one hour weekly clinical consultation with a Qualified Mental Health Professional, as required by ODMHSAS.

PACT Intensive Case Manager:

An LBHP, CADC, or certified as a Behavioral Health Case Manager II, and has: 1) a minimum of 2 years Behavioral Health Case Management experience, 2) crisis diversion experience, and 3) successfully completed ODMHSAS ICM training.

Licensed Behavioral Health Professional (LBHP)

LBHPs are 1) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry. 2) Practitioners with a license to practice in the state in which services are provided or those licensure candidates actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards: (A) Psychology; (B) Social Work (clinical specialty only); (C) Professional Counselor; (D) Marriage and Family Therapist; (E) Behavioral Practitioner; or (F) Alcohol and Drug Counselor. 3) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided. 4) A Physician Assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

Note: An LBHP is not equivalent to an LMHP in 43A required for involuntary commitment.

Licensed Mental Health Professional (LMHP)

As defined in Title 43A 1-103(11).

Peer Recovery Support Specialist (PRSS)

An individual certified as a Peer Recovery Support Specialist pursuant to Oklahoma Administrative Code, Title 450, Chapter 53.

Notes:

- When “Any level of ODMHSAS outpatient service provider can provide this service” is listed under the Staff Requirement for a service, this means any level of ODMHSAS outpatient service provider as listed in the Levels of Service Providers section above.
- All gambling services must be provided by a Gambling treatment professional: (A) an individual holding a valid NCGC I or II certification; (B) any clinician licensed in a behavioral health field with documented completion of at least thirty (30) hours of ODMHSAS recognized core problem gambling training requirements and documented completion of twelve (12) hours of problem gambling specific continuing education every twelve (12) months; or (C) any individual under supervision for licensure by an individual who meets the requirements of (A) or (B), and has documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of twelve (12) hours of problem gambling specific continuing education every twelve (12) months.
- The service provider that is at the originating site with the consumer, to present the consumer to the service provider who is performing the service via telemedicine, must be an Oklahoma Licensed or Certified health care

professional. This can include a Certified Behavioral Health Case Manager, or a Certified Alcohol and Drug Counselor.

SERVICE DEFINITIONS

NOTE: ODMHSAS allows for the use of the CMS guidelines for 15 minute codes called “the 8 minute rule.” This allows for a 15 minute service unit to be billed as long as at least 8 minutes of service have been provided.

Academic Services

DAY SCHOOL

Therapeutic/accredited academic services.

Staff Requirement: [SA] LBHP, CADC, or CADC-U

	Billing Code	Rate/Unit
SA	T1018 HF	\$5.00 / 1 hour

Case Management Services

CASE MANAGEMENT SERVICES

Planned referral, linkage, monitoring and support, and advocacy provided in partnership with a customer to support that customer in self-sufficiency and community tenure. Case management actions may take place in the individual’s home, in the community, or in the facility. A DMHSAS Certified Behavioral Health Case Manager, in accordance with a service plan developed with and approved by the customer and qualified staff, must provide the services. The plan must demonstrate the customer’s need for specific services provided. Billable activities include: completion of a strengths based assessment; development of case management care plan; referral, linkage and advocacy to assist with gaining access to appropriate community resources; monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress; follow-up contact with the customer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual’s ability to function or maintain in the community) to assist customer(s) from progression to a higher level of care.

Case management services can also be provided in an inpatient setting to assist with transition and discharge planning. For children ages 0-21 that are transitioning out of inpatient facilities only, these services should be billed under the Transitional Case Management codes below (following specialized guidelines for prior authorization and billing). Assistance with transition and discharge planning for individuals who do not meet criteria for “Transitional Case Management” (ex: over the age of 21), these services should be billed under the Outpatient in Inpatient Setting codes listed below. Please NOTE that the Outpatient in Inpatient Setting codes can only be used for ODMHSAS funded customers.

Note: Intra-agency referral, linkage and advocacy contacts are not to be reported. Face-to-face and non face-to-face contacts with treatment or service providers (including Intra-agency) for the purposes of monitoring customer attendance of scheduled physician/medication, therapy, rehabilitation, or other supportive service appointments (as delineated on the service plan) can be billed.

Wraparound Facilitation: Intensive Case Management used in Systems of Care (SOC). Staff providing this service must meet requirements for the SOC Wraparound Facilitator Case Manager.

Custody Kids: This code can only be used to provide Case Management services to custody kids in Systems of Care (SOC).

Staff Requirement:

[MH, SA and GA] BHCM I, or
BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP

			Billing Code	Rate/Unit
MH	Outpatient	LBHP	T1017 HE, HO	\$16.38 / 15 minutes
		BHCM II or CADC	T1017 HE, HN	\$16.38 / 15 minutes
		BHCM I	T1017 HE, HM	\$16.38 / 15 minutes
	Outpatient in inpatient setting	LBHP	T1017 HE, HO, HK	\$16.38 / 15 minutes
		BHCM II or CADC	T1017 HE, HN, HK	\$16.38 / 15 minutes
		BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes
	Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HE, HO	\$21.61 / 15 minutes
		BHCM II or CADC, Wraparound Facilitator	T1016 HE, HN	\$16.21 / 15 minutes
	Custody Kids (SOC)	LBHP	T2022 HE, HO	\$21.61 / 15 minutes
		BHCM II or CADC	T2022 HE, HN	\$16.21 / 15 minutes
	Transitional	LBHP	T1017 HE, HO, TG	\$16.38 / 15 minutes
		BHCM II or CADC	T1017 HE, HN, TG	\$16.38 / 15 minutes
		BHCM I	T1017 HE, HM, TG	\$16.38 / 15 minutes
	Transitional – Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HE, HO, TG	\$21.61 / 15 Minutes
		BHCM II or CADC,	T1016 HE, HN, TG	\$16.21 / 15 Minutes

		Wraparound Facilitator			
MH- Community Support Services PA Group Only	Outpatient	LBHP	T1017 HE, HO, U1	\$16.38 / 15 minutes	
		BHCM II or CADC	T1017 HE, HN, U1	\$16.38 / 15 minutes	
		BHCM I	T1017 HE, HM, U1	\$16.38 / 15 minutes	
	Outpatient in inpatient setting	LBHP	T1017 HE, HO, HK, U1	\$16.38 / 15 minutes	
		BHCM II or CADC	T1017 HE, HN, HK, U1	\$16.38 / 15 minutes	
		BHCM I	T1017 HE, HM, HK, U1	\$16.38 / 15 minutes	
SA	Outpatient	LBHP	T1017 HF, HO	\$16.38 / 15 minutes	
		BHCM II or CADC	T1017 HF, HN	\$16.38 / 15 minutes	
		BHCM I	T1017 HF, HM	\$16.38 / 15 minutes	
	Outpatient in inpatient setting	LBHP	T1017 HF, HO, HK	\$16.38 / 15 minutes	
		BHCM II or CADC	T1017 HF, HN, HK	\$16.38 / 15 minutes	
		BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes	
	Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HF, HO	\$21.61 / 15 minutes	
		BHCM II or CADC, Wraparound Facilitator	T1016 HF, HN	\$16.21 / 15 minutes	
	Custody Kids (SOC)	LBHP	T2022 HF, HO	\$21.61 / 15 minutes	
		BHCM II or CADC	T2022 HF, HN	\$16.21 / 15 minutes	
	Transitional	LBHP	T1017 HF, HO, TG	\$16.38 / 15 minutes	
		BHCM II or CADC	T1017 HF, HN, TG	\$16.38 / 15 minutes	
		BHCM I	T1017 HF, HM, TG	\$16.38 / 15 minutes	
	Transitional – Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HF, HO, TG	\$21.61 / 15 Minutes	
		BHCM II or CADC, Wraparound Facilitator	T1016 HF, HN, TG	\$16.21 / 15 Minutes	
	Ambulatory Detox	LBHP	T1017 HF, HO, HB	\$16.38 / 15 minutes	
		BHCM II or CADC	T1017 HF, HN, HB	\$16.38 / 15 minutes	
		BHCM I	T1017 HF, HM, HB	\$16.38 / 15 minutes	
	GA	Outpatient	LBHP	T1017 HV, HO	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HV, HN	\$16.38 / 15 minutes

		BHCM I	T1017 HV, HM	\$16.38 / 15 minutes
	Outpatient in inpatient setting	LBHP	T1017 HV, HO, HK	\$16.38 / 15 minutes
		BHCM II or CADC	T1017 HV, HN, HK	\$16.38 / 15 minutes
		BHCM I	T1017 HV, HM, HK	\$16.38 / 15 minutes

CASE MANAGEMENT (TRAVEL COMPONENT)

This service is dedicated to the following activities needed to support Case Management services: transportation for the customer and remaining with a customer until a needed supportive service is provided (if the need for this level of service is clearly documented in the plan); travel time to and from meetings for the purpose of development or implementation of the individual care plan (including customer “no show”).

Staff Requirement:

[MH, SA and GA] BHCM I, or
 BHCM II (Certification issued July 1, 2013 or after), or
 CADC, or
 LBHP

	Billing Code	Rate/Unit
MH	S0215 HE	\$16.38 / 15 minutes
MH- <i>Community Support Services PA Group Only</i>	S0215 HE, U1	\$16.38 / 15 minutes
SA	S0215 HF	\$16.38 / 15 minutes
GA	S0215 HV	\$16.38 / 15 minutes
SOC	S0215 HE, HA	\$16.38 / 15 minutes

CUSTOMER ADVOCACY

The assistance provided, face to face or by telephone, which supports, supplements, intervenes and/or links the customer with the appropriate service components. This can include medical, dental, financial, employment, legal, and housing assistance.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [MH, SA and GA] This service can only be provided by contracted Advocacy Groups.

	Billing Code	Rate/Unit
MH	H0006 HE, TF	\$12.50 / 15 minutes
SA	H0006 HF, TF	\$12.50 / 15 minutes
GA	H0006 HV, TF	\$12.50 / 15 minutes

CUSTOMER FOLLOW-UP SERVICES

This service includes 1) follow-up contact with a customer to re-engage them in treatment if their service plan has expired; 2) assistance with transition/discharge planning for individuals in residential treatment (except for psychiatric residential treatment which should be provided under case management), halfway house, detox (medical and non-medical), jail or prison, nursing home, and follow-up after crisis intervention; and 3) for Case Management follow-up contact with the customer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan)- when the service duration is less than the eight (8) minutes required to bill the 15 minute Case Management service unit (per the 8 minute rule). If the Case Management follow-up service duration is eight (8) or more minutes, the service provided must be billed as Case Management.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992). Service function 1) & 2) are typically provided under a generic ID. Service function 3) is the only function that has the requirement of less than 8 minutes.

Required: Face-to-face; telephone contacts; written documentation is required for all telephone contacts. Customer does not need to be present.

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide service functions 1) & 2).

Service function 3) must be provided by:

- BHCM I, or
- BHCM II (Certification issued July 1, 2013 or after), or
- CADC, or
- LBHP

		Billing Code	Rate/Unit
MH	1) & 2)	H0006 HE	\$0.83 / 1 minutes
	1) & 2) <i>Community Support Services PA Group Only</i>	H0006 HE, U1	\$0.83 / 1 minutes
	3)	H0006 HE, TG	\$0.83 / 1 minutes
	3) <i>Community Support Services PA Group Only</i>	H0006 HE, TG, U1	\$0.83 / 1 minutes
SA		H0006 HF	\$0.83 / 1 minute
		H0006 HF, TG	\$0.83 / 1 minutes
GA		H0006 HV	\$12.50 / 15 minutes

HOME AND COMMUNITY BASED TRAVEL

This service is dedicated to travel for the purpose of providing psychotherapy, crisis intervention, individual rehabilitation, and Systems of Care family training and support and behavioral health aide services in the home/community. Travel can be to the

individual's home, to various locations within the community, or to facilities where the client is receiving other related services. Travel time can be billed if the travel is related to the provision of one of the previously mentioned services and out-of-office settings are the preferred location for the service needed as documented in the service plan. Travel can be reported if the customer does not show for the appointment.

Staff Requirement: Psychotherapy and Crisis Intervention travel-
[MH, SA and GA] LBHP

Individual Rehabilitation travel-
[MH, SA and GA]
BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP

Systems of Care travel- FSP (for Family Training & Support)
BHA (for Behavioral Health Aide)

Community Recovery Support/Recovery Support Specialist travel-
[MH and SA]
PRSS

		Billing Code	Rate/Unit
MH		S0215 HE, TG	\$16.38 / 15 minutes
SA		S0215 HF, TG	\$10.00 / 15 minutes
GA		S0215 HV, TG	\$16.38 / 15 minutes
SOC	FT&S	S0215 HE, HA, TG	\$9.75 / 15 minutes
	BHA	S0215 HE, HA, TF	\$7.77 / 15 minutes

Clinical Testing Services

CLINICAL TESTING

Clinical Testing is utilized when an accurate diagnosis and determination of treatment needs cannot be made otherwise. Tests selected are currently accepted test batteries.

Required: Face-to-face and written report.

Staff Requirement: [MH and SA] Psychologist, Psychometrist,
or LBHP (as allowed by License regulations).

		Billing Code	Rate/Unit
MH		96101 HE, HP	\$73.28 / 1 hour
MH (SA)		96101 HF, HP	\$73.28 / 1 hour

Consultation, Education, Training, and System Support Services

CONSULTATION

A formal and structured process of interaction between staff member(s) and unrelated individuals, groups, or agencies for the purpose of problem solving and/or enhancing their capacity to manage customers or programs.

Note: Up to 2 people participating in Consultation can bill for the meeting. This service can only be reported with a generic Customer ID (999999992).

Required: Written documentation.

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	99368 HE, TG	\$0.00 / 15 minutes
SA	99368 HF, TG	\$7.00 / 15 minutes
GA	99368 HV, TG	\$7.00 / 15 minutes

EDUCATION

Systematic presentation of selected information to impart knowledge or instructions, to increase understanding of specific issues or programs, and to examine attitudes and/or behaviors.

Note: This service can only be reported with a generic Customer ID (999999992).

Required: Written documentation.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	97537 HE, TF	\$0.00 / 15 minutes

INTRA-AGENCY CLINICAL CONSULTATION

A formal and structured process of interaction among staff from the same agency for the purpose of discussion and problem-solving regarding effective utilization of treatment modalities and supports in clinical service provision.

Note: Up to 4 people participating in Intra-agency Clinical Consultation can bill for the meeting. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [MH] 2 or more staff, any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	99368 HE	\$5.00 / 15 minutes

SYSTEM SUPPORT

Services provided as technical, professional, or informational assistance which may or may not be directly related to the treatment of a specific customer.

Note: This service can only be reported with a generic Customer ID (999999992).

Required: Face-to-face; telephone contacts; individual or group activity. Written documentation.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	99368 HE, TF	\$0.00 / 15 minutes

TRAINING

A structured, formal process by which information is delivered to or received by staff for orientation purposes, enhancement or treatment procedures, on-going in-service, or accreditation for professional/contractual requirements.

Note: This service can only be reported with a generic Customer ID (999999992).

Required: Face-to-face; individual or group activity. Written documentation. For SA training must be CEU approved.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	97537 HE	\$0.00 / 15 minutes
SA	97537 HF	\$7.00 / 15 minutes

TREATMENT TEAM MEETING

A formal and structured process of interaction among staff from the same agency for the purpose of evaluating and updating the treatment plan based on the customer's documented progress, when the customer is not present.

Prison Related: For prison related services, treatment team meetings can include staff from DOC.

Note: Up to 4 people participating in Treatment Team Meeting can bill for the meeting. This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [SA and GA] 2 or more staff designated as providing services for an identified customer.

	Billing Code	Rate/Unit
SA	99368 HF	\$7.00 / 15 minutes
GA	99368 HV	\$7.00 / 15 minutes
Prison Related(RSAT, RSAT aftercare & SPTU)	99368 HF, QJ	\$5.00 / 15 minutes

Court Related Services

COMPETENCY EVALUATION

In-depth clinical evaluation on individuals charged with a crime for the purpose of determining if the individual has a mental disorder that could interfere with his/her ability to defend oneself. The evaluation should be conducted on an outpatient basis. If needed, the evaluation may be conducted in the jail. Can include up to 2 hours non face-to-face time for report preparation.

Required: Face-to-face and written report.

Staff Requirement: Must meet designation of the ODMHSAS to be a Competency Evaluator.

	Billing Code	Rate/Unit
MH	H2000 HE, H9	\$33.77 / 30 minutes

COURT RELATED SERVICES

Time spent working with the court system to provide an overview of presenting problems of an individual. Should include recommendations to relevant resources and assistance to ensure individuals continue to receive needed services. Includes court appearances, telephone contacts, travel time, and time spent writing reports to the court or attorneys.

Note: This service must occur in conjunction with a face-to-face service provided during the calendar month. For family court related services provided through TANF/Child Welfare contracts, time spent writing reports can include reports to OKDHS workers.

Staff Requirement: Any level of ODMHSAS outpatient service provider working in Specialty Courts and Jail Diversion programs.

	Billing Code	Rate/Unit
MH	H0006 HE, H9	\$13.75 / 15 minutes
SA	H0006 HF, H9	\$13.75 / 15 minutes

DIVORCE VISITATION ARBITRATION SERVICES

Services to include but not be limited to: Arbitration and mediation in contested child custody matters; court-order visitation supervision; provision of individual and/or group counseling to children/families regarding divorce and related issues; and crisis diversion. Services may also include screening and referral.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [MH] BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP

	Billing Code	Rate/Unit
MH	H0022 HE	\$8.25 / 15 minutes

Crisis Intervention Services

CRISIS INTERVENTION SERVICES

An unanticipated, unscheduled emergency intervention, face-to-face or telephone, to resolve immediate, overwhelming problems that severely impair the individual's ability to function or maintain in the community. Must include but not limited to: 24-hour/7 day per week triage, evaluation and stabilization; access to inpatient treatment, diagnosis and evaluation in external settings, such as jails and general hospitals; and referral services. Also, can include mobile crisis intervention services provided to individuals (and their families when appropriate) in their residence or natural setting. The crisis situation and significant functional impairment must be clearly documented.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999991), except for Telemedicine services which can only be reported with a unique ID. Crisis Intervention Services should not be billed during transportation time; the Home and Community Based Travel code should be billed for related travel.

Staff Requirement: [MH, SA and GA] LBHP

		Billing Code	Rate/Unit	
MH	Face to Face	H2011 HE	\$27.86 / 15 minutes	
	Telephone	H0030 HE	\$19.50 / 15 minutes	
	Telemedicine	H2011 HE, GT	\$27.86 / 15 minutes	
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 / Event	
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MH- Community Support Services PA Group Only	Face to Face	H2011 HE, U1	\$27.86 / 15 minutes	
	Telephone	H0030 HE, U1	\$19.50 / 15 minutes	
	Telemedicine	H2011 HE, GT, U1	\$27.86 / 15 minutes	
	Telemedicine Originating Site Fee	Q3014 HE, U1	\$23.35 / Event	
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SA	Face to Face	LBHP	H2011 HF	\$27.86 / 15 minutes
	Telephone	LBHP	H0030 HF	\$19.50 / 15 minutes
	Telemedicine- LBHP		H2011 HF, GT	\$27.86 / 15 minutes
	Telemedicine Originating Site Fee		Q3014 HF	\$23.35 / Event

	Site Fee			
GA	Face to Face	LBHP	H2011 HV	\$27.86 / 15 minutes
	Telephone	LBHP	H0030 HV	\$19.50 / 15 minutes
	Telemedicine	LBHP	H2011 HV, GT	\$27.86 / 15 minutes
	Telemedicine Originating Site Fee		Q3014 HV	\$23.35 / Event
Ambulatory Detox	Face to Face	LBHP	H2011 HF, HB	\$27.86 / 15 minutes
	Telemedicine- LBHP		H2011 HF, HB, GT	\$27.86 / 15 minutes
	Telemedicine Originating Site Fee		Q3014 HF, HB	\$23.35 / Event

Employment Services

EMPLOYMENT TRAINING

Time actually spent, on-the-job-site, working with the individual, managers, supervisors, co-workers, business customers, and including active observation. Includes anything that is done on-the-job-site to assist the individual.

Required: Face-to-face; individual or group activity.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants, or other staff who have completed some form of job coach training, are preferred).

	Billing Code	Rate/Unit
MH	H2025 HE	\$8.44 / 30 minutes
<i>Community Support Services PA Group Only</i>	H2025 HE, U1	\$8.44 / 30 minutes

JOB RETENTION SUPPORT

A minimum of two contacts per month for a 3-month period with the focus of each contact being job retention and related support. Each contact must be documented in the clinical record and describe one or more of the following direct services: work adjustment counseling, job accommodation negotiation, after work support group, or other specifically described work related supports. Contacts can be in an individual or group setting.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants, or other staff who have completed some form of job coach training, are preferred).

	Billing Code	Rate/Unit
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MH	H2026 HE	\$420.00 / 3 months
<i>Community Support Services PA Group Only</i>	H2026 HE, U1	\$420.00 / 3 months

PRE-VOCATIONAL SERVICES

Services that focus on development of general work behavior. The purpose of pre-vocational services is to utilize individual and group work-related activities to: assist individuals with developing positive work attitudes, personal characteristics and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants, or other staff who have completed some form of job coach training, are preferred).

	Billing Code	Rate/Unit
MH	H2014 HE, TF	\$8.44 / 30 minutes
<i>Community Support Services PA Group Only</i>	H2014 HE, TF, U1	\$8.44 / 30 minutes
SA	H2014 HF, TF	\$8.44 / 30 minutes

VOCATIONAL SERVICES

The process of developing or creating appropriate employment situations for individuals with a serious mental illness who desire employment to include, but not limited to: the identification of employment positions, conducting job analysis, matching individuals to specific jobs, facilitating job expansion or advancement and communicating with employers about training needs.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants, or other staff who have completed some form of job coach training, are preferred).

	Billing Code	Rate/Unit
MH	H2014 HE	\$8.44 / 30 minutes
<i>Community Support Services PA Group Only</i>	H2014 HE, U1	\$8.44 / 30 minutes

Medication Services

MEDICATION TRAINING AND SUPPORT

The medication training and support service is a documented review and educational session by a licensed registered nurse, or physician assistant focusing on the customer's response to medication and compliance with the medication regimen. The customer must be present at the time of the service. The review will include current medications and vital signs. A physician is not required to be present, but must be available for consult, if necessary. The service is designed to maintain the customer on

the lowest level of the least intrusive medications, encourage normalization and prevent hospitalization.

Note: The billing system will not allow for Medication Training and Support and Evaluation & Management (E&M) codes to be billed on the same day.

Ambulatory Detox: An agency must have Chapter 24 certification in order to provide this service under Ambulatory Detox.

Staff Requirement: Licensed registered nurse, Advanced Practice Nurse or physician assistant under the supervision of a physician.

		Billing Code	Rate/Unit
MH		H0034 HE	\$23.64 / 15 minutes
SA	Ambulatory Detox	H0034 HF, HB	\$23.64 / 15 minutes

EVALUATION & MANAGEMENT (E&M)

Evaluation & Management (E&M) codes are to be utilized for pharmacologic management and other patient encounters that are not primarily for psychotherapy. The E&M codes are generally chosen based on the complexity of the presenting problem, the intensity of the examination required, and the difficulty of the medical decision-making involved. The Center for Medicare and Medicaid Services (CMS) has a guide to E&M coding available on its website: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/EMDOC.html>

Note: The billing system will not allow for Evaluation & Management (E&M) codes and Medication Training and Support to be billed on the same day. E&M codes also cannot be billed on the same day as Psychiatric Diagnostic Evaluation.

Telemedicine: The Telemedicine Originating Site Fee is submitted from the location where the customer is located. The telemedicine service is submitted from the location where the clinician is located.

Staff Requirement: Board eligible or board certified psychiatrist, or a physician, physician assistant, or nurse practitioner with additional training that demonstrates the knowledge to conduct the service performed.

		Billing Code	Rate/Unit
MH	New Patient	99201 HE	\$38.46 / Visit
		99202 HE	\$65.84/ Visit
		99203 HE	\$95.77 / Visit
		99204 HE	\$146.97 / Visit
		99205 HE	\$182.72 / Visit
	Telemedicine	99201 HE, GT	\$38.46 / Visit
		99202 HE, GT	\$65.84/ Visit
		99203 HE, GT	\$95.77 / Visit
		99204 HE, GT	\$146.97 / Visit
		99205 HE, GT	\$182.72 / Visit
	Established	99211 HE	\$17.72 / Visit

	Patient		99212 HE	\$38.46 / Visit
			99213 HE	\$64.62 / Visit
			99214 HE	\$95.18 / Visit
			99215 HE	\$127.78 / Visit
		Telemedicine	99211 HE, GT	\$17.72 / Visit
			99212 HE, GT	\$38.46 / Visit
			99213 HE, GT	\$64.62 / Visit
			99214 HE, GT	\$95.18 / Visit
			99215 HE, GT	\$127.78 / Visit
			Telemedicine Originating Site Fee	Q3014 HE
	With Psychotherapy Add On	90833 HE	\$38.36 / 15 Minutes	
SA	New Patient		99201 HF	\$38.46 / Visit
			99202 HF	\$65.84/ Visit
			99203 HF	\$95.77 / Visit
			99204 HF	\$146.97 / Visit
			99205 HF	\$182.72 / Visit
		Telemedicine	99201 HF, GT	\$38.46 / Visit
			99202 HF, GT	\$65.84/ Visit
			99203 HF, GT	\$95.77 / Visit
			99204 HF, GT	\$146.97 / Visit
			99205 HF, GT	\$182.72 / Visit
		Ambulatory Detox	99201 HF, HB	\$38.46 / Visit
			99202 HF, HB	\$65.84/ Visit
			99203 HF, HB	\$95.77 / Visit
			99204 HF, HB	\$146.97 / Visit
			99205 HF, HB	\$182.72 / Visit
	Ambulatory Detox - Telemedicine	99201 HF, HB, GT	\$38.46 / Visit	
		99202 HF, HB, GT	\$65.84/ Visit	
		99203 HF, HB, GT	\$95.77 / Visit	
		99204 HF, HB, GT	\$146.97 / Visit	
		99205 HF, HB, GT	\$182.72 / Visit	
	Established Patient		99211 HF	\$17.72 / Visit
			99212 HF	\$38.46 / Visit
			99213 HF	\$64.62 / Visit
			99214 HF	\$95.18 / Visit
			99215 HF	\$127.78 / Visit
		Telemedicine	99211 HF, GT	\$17.72 / Visit
			99212 HF, GT	\$38.46 / Visit
			99213 HF, GT	\$64.62 / Visit
			99214 HF, GT	\$95.18 / Visit
			99215 HF, GT	\$127.78 / Visit
Ambulatory Detox		99211 HF, HB	\$17.72 / Visit	
		99212 HF, HB	\$38.46 / Visit	
		99213 HF, HB	\$64.62 / Visit	
		99214 HF, HB	\$95.18 / Visit	
		99215 HF, HB	\$127.78 / Visit	
Ambulatory Detox - Telemedicine	99211 HF, HB, GT	\$17.72 / Visit		
	99212 HF, HB, GT	\$38.46 / Visit		
	99213 HF, HB, GT	\$64.62 / Visit		
	99214 HF, HB, GT	\$95.18 / Visit		
	99215 HF, HB, GT	\$127.78 / Visit		
	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event	

	With Psychotherapy Add On		90833 HF	\$38.36 / 15 Minutes
GA	New Patient		99201 HV	\$38.46 / Visit
			99202 HV	\$65.84/ Visit
			99203 HV	\$95.77 / Visit
			99204 HV	\$146.97 / Visit
			99205 HV	\$182.72 / Visit
		Telemedicine	99201 HV, GT	\$38.46 / Visit
		99202 HV, GT	\$65.84/ Visit	
		99203 HV, GT	\$95.77 / Visit	
		99204 HV, GT	\$146.97 / Visit	
		99205 HV, GT	\$182.72 / Visit	
	Established Patient		99211 HV	\$17.72 / Visit
			99212 HV	\$38.46 / Visit
			99213 HV	\$64.62 / Visit
			99214 HV	\$95.18 / Visit
			99215 HV	\$127.78 / Visit
		Telemedicine	99211 HV, GT	\$17.72 / Visit
		99212 HV, GT	\$38.46 / Visit	
		99213 HV, GT	\$64.62 / Visit	
		99214 HV, GT	\$95.18 / Visit	
99215 HV, GT		\$127.78 / Visit		
Telemedicine Originating Site Fee			Q3014 HV	\$23.35 /Event
	With Psychotherapy Add On		90833 HV	\$38.36 / 15 Minutes
CO	New Patient		99201 HH	\$38.46 / Visit
			99202 HH	\$65.84/ Visit
			99203 HH	\$95.77 / Visit
			99204 HH	\$146.97 / Visit
			99205 HH	\$182.72 / Visit
		Telemedicine	99201 HH, GT	\$38.46 / Visit
		99202 HH, GT	\$65.84/ Visit	
		99203 HH, GT	\$95.77 / Visit	
		99204 HH, GT	\$146.97 / Visit	
		99205 HH, GT	\$182.72 / Visit	
	Established Patient		99211 HH	\$17.72 / Visit
			99212 HH	\$38.46 / Visit
			99213 HH	\$64.62 / Visit
			99214 HH	\$95.18 / Visit
			99215 HH	\$127.78 / Visit
		Telemedicine	99211 HH, GT	\$17.72 / Visit
		99212 HH, GT	\$38.46 / Visit	
		99213 HH, GT	\$64.62 / Visit	
		99214 HH, GT	\$95.18 / Visit	
99215 HH, GT		\$127.78 / Visit		
Telemedicine Originating Site Fee			Q3014 HH	\$23.35 /Event

PSYCHIATRIC DIAGNOSTIC EVALUATION

Psychiatric diagnostic evaluation requires a biopsychosocial assessment including history, mental status, and recommendation, and may include communication with family, others, and review and ordering of diagnostic studies.

In order to bill 90792 (With Medical Services), the following is required in addition to the requirements listed above: medical assessment, and physical exam beyond mental status as appropriate. May include communication with family, others, prescription medications, and review and ordering of laboratory or other diagnostic studies.

Note: This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six months and it had been more than one year since the previous evaluation. This service cannot be reported with an E&M code on the same day by the same provider.

Staff Requirement: Board eligible or board certified psychiatrist, or a physician, physician assistant, or nurse practitioner with additional training that demonstrates the knowledge to conduct the service performed.

		Billing Code	Rate/Unit
MH	With Medical Services	90792 HE	\$116.44 / Event
	With No Medical Services	90791 HE	\$137.66 / Event
SA	With Medical Services	90792 HF	\$116.44 / Event
	With No Medical Services	90791 HF	\$137.66 / Event
GA	With Medical Services	90792 HV	\$116.44 / Event
	With No Medical Services	90791 HV	\$137.66 / Event
CO	With Medical Services	90792 HH	\$116.44 / Event
	With No Medical Services	90791 HH	\$137.66 / Event

TOBACCO CESSATION COUNSELING- PHYSICIAN

This service covers the provision of tobacco cessation counseling, for individuals age 12 and older, utilizing the “5As” approach to tobacco cessation developed by the Agency for Healthcare Research and endorsed by the U.S. Public Health Service.

Note: Services must include the completion of a separate progress note with member-specific information addressing the 5As counseling. Progress notes must also include beginning and ending times for performing the service, and signature and credentials of the direct service provider. There is a limit of eight (8) services per individual per year.

Staff Requirement: Licensed physician, physician assistant, or nurse practitioner.

		Billing Code	Rate/Unit
MH	3-10 minutes	99406 HE	\$12.47/event
	Over 10 minutes	99407 HE	\$24.03/event
SA	3-10 minutes	99406 HF	\$12.47/event
	Over 10 minutes	99407 HF	\$24.03/event
Ambulatory Detox	3-10 minutes	99406 HF, HB	\$12.47/event
	Over 10 minutes	99407 HF, HB	\$24.03/event

Outreach and Prevention Services

COMMUNITY OUTREACH

Activities in a face-to-face group setting directed toward identifying potential customers or persons who are at risk; explaining possible symptoms and behaviors; and explaining available service options and other actions to aid recovery/rehabilitation.

Note: This service is to be used for individuals who are not already admitted for services. This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

		Billing Code	Rate/Unit
MH		H0023 HE	\$20.00 / 30 minutes
	<i>Community Support Services PA Group Only</i>	H0023 HE, U1	\$20.00 / 30 minutes
SA		H0023 HF	\$20.00 / 30 minutes
GA		H0023 HV	\$20.00 / 30 minutes

INTENSIVE OUTREACH

Activities directed toward potential customer or persons who are at risk, with the purpose of establishing trust and rapport, explaining services available, and dispelling likely or actual resistance to services on the part of the potential customer.

Note: This service is to be used for individuals who are not already admitted for services, and can be provided either face to face, or through telephone contact. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992), except for TANF/CW which must be reported with a unique Customer ID.

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	H0023 HE, TF	\$10.00 / 15 minutes
<i>Community Support Services PA Group Only</i>	H0023 HE, TF, U1	\$10.00 / 15 minutes
SA	H0023 HF, TF	\$10.00 / 15 minutes
GA	H0023 HV, TF	\$10.00 / 15 minutes

PREVENTION/SUPPORT TYPE ACTIVITIES

Minimum group size of 3. Participants do not have to be admitted into the system as DMHSAS customers. Prevention services are planned group activities to reduce the risk individuals will experience substance abuse, and/or mental health problems (both initial onset and to reduce the risk of increased problems once problems have been identified). Participants can be children and/or caretakers of children, adults and/or identified natural supports. Examples of allowable activities will include parenting groups, support groups for children or caretakers, support groups for adults and/or identified natural supports, and focused groups for high-risk children and youth. Documentation of activities and participants will be required.

Note: Group size should not exceed eight (8) participants, and this service has a limit of 1 ½ hours per day. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Advocacy Organizations: For Advocacy Organizations providing Prevention/Support Type Activities, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	H0024 HE	\$18.50 / 30 minutes
SA	H0024 HF	\$18.50 / 30 minutes

SUBSTANCE ABUSE EARLY INTERVENTION

A school based/sanctioned service provided by substance abuse treatment and prevention professionals to youth who are, or who have been, using or abusing substances. Services are for the purpose of assisting youth in the identification of personal substance abuse problems and developing motivation for corrective action and may include screening; therapeutic education on substance abuse; brief family counseling; evaluation to guide referral and assistance with therapeutic linkages. Services may be provided individually, to families or to groups of up to ten (10) youth Face-to-face is required.

Note: This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [SA] LBHP, CADC, CADC-U, or Certified Prevention Specialist (Only LBHP can provide the brief family counseling service component)

	Billing Code	Rate/Unit
SA	H0022 HF	\$11.00 / 15 minutes

PACT Services

NOTE: For reporting purposes only.

ACT (FACE TO FACE)

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit
MH	H0039 HE	\$32.11 / 15 minutes
SA	H0039 HF	\$32.11 / 15 minutes
Co-occurring	H0039 HH	\$32.11 / 15 minutes

ACT (FACE TO FACE) – GROUP

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit
MH	H0039 HE, HQ, HK	\$5.99 / 15 minutes
SA	H0039 HF, HQ, HK	\$5.99 / 15 minutes
Co-occurring	H0039 HH, HQ, HK	\$5.99 / 15 minutes

TARGETED CASE MANAGEMENT- INTENSIVE (ACT)

Staff Requirement: BHCM I, or
BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP;
and meets requirements for Intensive Case Manager.

	Billing Code	Rate/Unit
	T1016 HE	\$15.23 / 15 minutes
Transitional	T1016 HE, TG	\$15.23 / 15 minutes

MEDICATION REMINDER SERVICE (ACT) (NON-FACE TO FACE)

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit
MH	S5185 HE	\$18.00 / Month
SA	S5185 HF	\$18.00 / Month
Co-occurring	S5185 HH	\$18.00 / Month

SCREENING (ACT)

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit
MH	T1023 HE	\$55.80 / Event
SA	T1023 HF	\$55.80 / Event
Co-occurring	T1023 HH	\$55.80 / Event

ORAL/INJECTION MEDICATION ADMINISTRATION (ACT) (RN)

Staff Requirement: RN

	Billing Code	Rate/Unit
MH	T1502 HE	\$20.24 / Visit
SA	T1502 HF	\$20.24 / Visit
Co-occurring	T1502 HH	\$20.24 / Visit

TRAVEL (ACT)

*This service is for tracking purposes only and will pay \$0.00, however, the claims system requires a rate amount so you will enter \$0.51

	Billing Code	Rate/Unit
MH	S0215 HE, TF	\$0.51 / Minute

Psychotherapy Services

FAMILY PSYCHOTHERAPY

A face-to-face therapeutic session conducted by a Clinician with family members/couples conducted in accordance with a documented service plan focusing on treating family/marital problems and goals. The service must be provided to specifically benefit a DMHSAS eligible individual as identified in a service plan and use generally accepted treatment methods for this modality of treatment.

Note: This service is typically inclusive of the identified consumer, but may be performed if indicated without the consumer's presence. When the consumer is an adult, his/her permission must be obtained in writing.

Staff Requirement: [MH, SA and GA] LBHP

		Billing Code	Rate/Unit
MH	w/ customer present	H0004 HE, HR	\$21.36 / 15 minutes
	w/out customer present	H0004 HE, HS	\$21.36 / 15 minutes
SA	w/ customer present	LBHP H0004 HF, HR	\$21.36 / 15 minutes

	w/out customer present	LBHP	H0004 HF, HS	\$21.36 / 15 minutes
GA	w/ customer present	LBHP	H0004 HV, HR	\$21.36 / 15 minutes
	w/out customer present	LBHP	H0004 HV, HS	\$21.36 / 15 minutes
Prison Related	w/ customer present	LBHP	H0004 HF, HR, QJ	\$21.36 / 15 minutes
	w/out customer present	LBHP	H0004 HF, HS, QJ	\$21.36 / 15 minutes
Ambulatory Detox	w/ customer present	LBHP	H0004 HF, HR, HB	\$21.36 / 15 minutes
	w/out customer present	LBHP	H0004 HF, HS, HB	\$21.36 / 15 minutes

GROUP PSYCHOTHERAPY

A face-to-face therapeutic session with a group of individuals using the interaction of the Clinician and two or more customers to promote positive emotional or behavioral change. The focus of the group must be directly related to goals and objectives of the individual customer service plan and use a generally accepted framework for this modality of treatment. This service does not include social skill development or daily living skill activities. Group Psychotherapy for adults is limited to eight total clients, except for the residents of nursing and ICF/MR facilities where the limit is six total residents. Group size is limited to a total of six clients for all children. A group may not consist solely of related individuals.

Note: This service can also be provided as Multi-Family Group Psychotherapy, where designated clients and their families meet regarding similar issues. The service is billed once per family unit present, and is billed under the designated client. Sessions are limited to a maximum of eight families.

Prison Related: For Prison Related group psychotherapy, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH, SA and GA] LBHP

		Billing Code	Rate/Unit
MH		H0004 HE, HQ	\$9.28 / 15 minutes
SA	LBHP	H0004 HF, HQ	\$9.28 / 15 minutes
GA	LBHP	H0004 HV, HQ	\$9.28 / 15 minutes
Prison Related (RSAT Aftercare)		H0004 HF, HQ, QJ	\$7.50 / 15 minutes
Ambulatory Detox	LBHP	H0004 HF, HQ, HB	\$9.28 / 15 minutes

INDIVIDUAL PSYCHOTHERAPY

A face-to-face therapeutic session with one on one interaction between a Clinician and a customer to promote emotional or psychological change to alleviate disorders. Psychotherapy must be goal directed and use a generally accepted approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment, in accordance with an individualized service plan.

Telemedicine: The Telemedicine Originating Site Fee is submitted from the location where the customer is located. The telemedicine service is submitted from the location where the clinician is located.

Staff Requirement: [MH, SA and GA] LBHP

		Billing Code	Rate/Unit
MH		H0004 HE	\$18.57 / 15 minutes
	Telemedicine	H0004 HE, GT	\$18.57 / 15 minutes
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 / Event
SA	LBHP	H0004 HF	\$18.57 / 15 minutes
	Telemedicine- LBHP	H0004 HF, GT	\$18.57 / 15 minutes
	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 / Event
GA	LBHP	H0004 HV	\$18.57 / 15 minutes
	Telemedicine LBHP	H0004 HV, GT	\$18.57 / 15 minutes
	Telemedicine Originating Site Fee	Q3014 HV	\$23.35 / Event
Prison Related	LBHP	H0004 HF, QJ	\$18.57 / 15 minutes
Ambulatory Detox	LBHP	H0004 HF, HB	\$18.57 / 15 minutes

Rehabilitation and Skill Development Services

NOTE: The designated customer must be present when rehabilitation services are provided, and services must be developmentally appropriate for that customer. Family/support system can be present during a rehabilitation service, however, the rehabilitation intervention must be targeted toward the designated customer.

CLUBHOUSE

A psychiatric rehabilitation program that adheres to the International Standards for Clubhouse Programs and that has been certified as a Clubhouse program through the International Center for Clubhouse Development (ICCD).

Staff Requirement: [MH] Completion of orientation in the ICCD Clubhouse model.

	Billing Code	Rate/Unit
MH	H2030 HE	\$4.22 / 15 minutes

GROUP REHABILITATIVE TREATMENT

A face-to-face, group service provided by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life. This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. Travel time to and from activities is not included. The maximum staffing ratio is fourteen customers to one qualified staff for adults age 18 and older, and eight customers to one qualified staff for children under the age of 18.

Note: This service is generally performed with only customers, but may include the customer and the customer's family/support system in a group that focuses on the customer's diagnosis, symptom/behavior management, and recovery based curriculum.

Prison Related: For Prison Related group rehabilitative treatment, providers will need to follow contract requirements for service provision.

Staff Requirement:

[MH, SA and GA] BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP

	Billing Code	Rate/Unit
MH (Adults 18+)	H2017 HE, HQ, HW	\$4.22 / 15 minutes
SA (Adults 18+)	H2017 HF, HQ, HW	\$4.22 / 15 minutes
GA (Adults 18+)	H2017 HV, HQ, HW	\$4.22 / 15 minutes
MH (Children 17 and Under)	H2017 HE, HQ	\$4.22 / 15 minutes
SA (Children 17 and Under)	H2017 HF, HQ	\$4.22 / 15 minutes

Under)		
GA (Children 17 and Under)	H2017 HV, HQ	\$4.22 / 15 minutes
Prison Related	H2017 HF, HQ, QJ	\$4.22 / 15 minutes
Prison Related (SPTU & RSAT- 12)	H2017 HF, HQ, TF, QJ	\$2.00 / 15 minutes
Ambulatory Detox (Adults 18+)	H2017 HF, HQ, HW, HB	\$4.22 / 15 minutes

ILLNESS MANAGEMENT AND RECOVERY (IMR)

Psychiatric Rehabilitation program staff who have received ODMHSAS facilitated training on Illness Management and Recovery (IMR) for PSR Programs, and who are providing curriculum based life skills training through IMR should utilize the following code/modifier to report time spent doing IMR:

Staff Requirement:

[MH] BHCM II (Certification issued July 1, 2013 or after), or CADC, or LBHP, and Completion of ODMHSAS facilitated training on Illness Management and Recovery (IMR) for PSR Programs.

	Billing Code	Rate/Unit
MH	H2017 HE, HQ, TF, TG	\$4.22 / 15 minutes

INDIVIDUAL REHABILITATIVE TREATMENT

A face-to-face service, provided one on one by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life. This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. Travel time to and from treatment sessions is not included.

Note: This service is generally performed with only customers, but may include the customer and the customer’s family/support system during a service that focuses on the customer’s diagnosis, symptom/behavior management, and recovery based curriculum.

Staff Requirement:

[MH, SA and GA] BHCM II (Certification issued July 1, 2013 or after), or CADC, or LBHP

	Billing Code	Rate/Unit
MH	H2017 HE	\$15.20 / 15 minutes
SA	H2017 HF	\$15.20 / 15 minutes
GA	H2017 HV	\$15.20 / 15 minutes

PSYCHIATRIC REHABILITATION SERVICES

Therapeutic day program designed to provide an array of services that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence. Program services shall seek to optimize the participant's potential for occupational achievement, goal setting, skill development, and increased quality of life, therefore maximizing the individual's independence from institutional care and supports in favor of community and peer support. Program service elements include curriculum based life skills training (covering self-management of illness, independent living skills, social skills, and work related skills) with a multi-dynamic learning approach and an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations. Service elements also include a work unit's component where members and staff work side by side to complete the work of the program, and a community based supports component that provides on-going in home or community based support services, based on customer need and choice, in the areas of housing, employment, education and the development of natural supports.

Note: Group activity. Provided to adults age 18 or older.

Staff Requirement:

[MH] BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP, and
Completion of orientation in the PSR model.

	Billing Code	Rate/Unit
MH	H2017 HE, HQ, TF	\$4.22 / 15 minutes

WELLNESS RESOURCE SKILLS DEVELOPMENT

The process of providing direction and coordinating support activities that promote good physical health. The focus of these activities should include areas such as nutrition, exercise, support with averting or managing physical health concerns like heart disease, diabetes, and cholesterol, and support regarding the effects medications have on physical health. Services can include support groups, exercise groups, and individual physical wellness plan development, implementation assistance and support. Services can also include the provision of the Live Longer, Live Stronger program.

Note: When providing services related to tobacco cessation, the tobacco specific codes listed below should be used.

Required: Face-to-face; individual or group activity. Group size should not exceed ten (10) participants, and this service has a limit of 2 ½ hours per day.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service, except for the Live Longer, Live Stronger program for which the service provider has to have received specialized training.

		Billing Code	Rate/Unit
MH		T1012 HE	\$4.50 / 15 minutes
	Tobacco Cessation	T1012 HE, SE	\$4.50 / 15 minutes
Community Support Services PA Group Only		T1012 HE, U1	\$4.50 / 15 minutes
	Tobacco Cessation	T1012 HE, SE, U1	\$4.50 / 15 minutes
SA		T1012 HF	\$4.50 / 15 minutes
	Tobacco Cessation	T1012 HF, SE	\$4.50 / 15 minutes
Ambulatory Detox		T1012 HF, HB	\$4.50 / 15 minutes
	Tobacco Cessation	T1012 HF, SE, HB	\$4.50 / 15 minutes

Screening and Assessment Services

BEHAVIORAL HEALTH ASSESSMENT (NON-MD) MODERATE COMPLEXITY

A face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an interview with the customer (and family, if deemed appropriate); may also include psychological testing, scaling of the severity of each problem identified for treatment; and /or pertinent collaborative information. This includes independent evaluations performed for children. The evaluation will determine an appropriate course of assistance which will be reflected in the service plan.

Note: Bill the “date of service” as the date when the assessment is fully completed and it has been signed by the LBHP. This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six months and it has been more than one year since the previous assessment.

Required: Face-to-face and written report (assessment documentation). ***Minimum face-to-face time of two hours or more.***

Telemedicine: The Telemedicine Originating Site Fee is submitted from the location where the customer is located. The telemedicine service is submitted from the location where the clinician is located.

Medically Supervised Detox: For Medically Supervised Detox assessment, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH, SA and GA] LBHP

		Billing Code	Rate/Unit
MH		H0031 HE	\$122.61 / Event
	Telemedicine	H0031 HE, GT	\$122.61 / Event
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
SA		H0031 HF	\$122.61 / Event
	Telemedicine	H0031 HF, GT	\$122.61 / Event

	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event
GA	LBHP	H0031 HV	\$122.61 / Event
	Telemedicine LBHP	H0031 HV, GT	\$122.61 / Event
	Telemedicine Originating Site Fee	Q3014 HV	\$23.35 /Event
	Medically Supervised Detox	H0031 HF, TD	\$122.61 / Event
	Ambulatory Detox	H0031 HF, HB	\$122.61 / Event

BEHAVIORAL HEALTH ASSESSMENT (NON-MD) LOW COMPLEXITY

A face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an interview with the customer (and family, if deemed appropriate); may also include psychological testing, scaling of the severity of each problem identified for treatment; and /or pertinent collaborative information. This includes independent evaluations performed for children. The evaluation will determine an appropriate course of assistance which will be reflected in the service plan.

Note: Bill the “date of service” as the date when the assessment is fully completed and it has been signed by the LBHP. This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six months and it has been more than one year since the previous assessment.

Required: Face-to-face and written report (assessment documentation). **Minimum face-to-face time of one and one half hours.**

Telemedicine: The Telemedicine Originating Site Fee is submitted from the location where the customer is located. The telemedicine service is submitted from the location where the clinician is located.

Prison Related: For Prison Related assessment, providers will need to follow contract requirements for service provision.

Residential Initial Screening & Assessment: For Residential Initial Screening & Assessment, providers will need to follow contract requirements for service provision.

Medically Supervised Detox: For Medically Supervised Detox assessment, providers will need to follow contract requirements for service provision.

TANF:

TANF Initial Assessment- Providers will bill the SA code (not the TANF reassessment code).

TANF Reassessment- Providers will complete the assessment and if the provider will not be providing outpatient services, the provider will bill the TANF reassessment code below. If the provider will be providing services, they will bill for the assessment along with the development of a service plan under the Behavioral Health Service Plan Development Low Complexity service/code (they will not bill the TANF reassessment code below).

TANF Reassessment (Existing Client)- When an individual is currently receiving outpatient services at the provider agency (has an open PA), and needs a TANF reassessment, provider will bill the reassessment under the Existing Client code below.

Staff Requirement: [MH, SA and GA] LBHP

		Billing Code	Rate/Unit
MH		H0031 HE, TF	\$81.74 / Event
	Telemedicine	H0031 HE, TF, GT	\$81.74 / Event
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
SA		H0031 HF, TF	\$81.74/ Event
	Telemedicine	H0031 HF, TF, GT	\$81.74 / Event
	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event
GA		LBHP H0031 HV, TF	\$81.74 / Event
	Telemedicine	LBHP H0031 HV, TF, GT	\$81.74 / Event
	Telemedicine Originating Site Fee	Q3014 HV	\$23.35 /Event
Prison Related (SPTU/RSAT)		H0031 HF, TF, HQ, QJ	\$81.74 / Event
Medically Supervised Detox		H0031 HF, TF, TD	\$81.74 / Event
TANF - Reassessment		H0031 HF, TF, U1	\$81.74 / Event
	Telemedicine	H0031 HF, TF, GT, U1	\$81.74 / Event
	Existing Client	H0001 HF, U1	\$81.74 / Event
Residential Initial Screening & Assessment		H0001 HF, TG, U1	\$81.74 / Event
	Telemedicine	H0001 HF, TG, U1, GT	\$81.74 / Event
Ambulatory Detox		H0031 HF, TF, HB	\$81.74/ Event

CLINICAL EVALUATION AND ASSESSMENT FOR CHILDREN IN SPECIALTY SETTINGS

A face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an interview with the customer, care givers, and family, if deemed appropriate, an observation of child (children) in interaction with other children and care givers. It may also include psychological testing, scaling of the severity of each problem identified for treatment; and /or pertinent collaborative information. The evaluation will determine an appropriate course of assistance which will be reflected in the service plan or formal consultation plan and report discussed with the care givers. Can include up to 2 hours non face-to-face time (of the qualified staff) for report preparation, in addition to direct observation and interaction with the child (or children) and care givers.

Note: This service can only be provided by providers who have a Child Care Consulting contract or for Systems of Care as defined below. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Systems of Care (SOC): This service can also include SOC specific assessment in relation to strengths, needs and cultural discovery; crisis plan; safety plan; and functional assessment, and can include up to 6 hours of non face-to-face time for report preparation. For SOC specific assessment, providers will need to follow Oklahoma SOC contract requirements for service provision.

Staff Requirement: [MH] LBHP

	Billing Code	Rate/Unit
MH	S9482 HE	\$40.87 / 30 minutes
SOC	S9482 HE, TF	\$16.38 / 15 minutes

DUI ADSAC ASSESSMENT

A face-to-face clinical interview evaluating an individual's need and receptivity to substance abuse treatment and his or her prognosis.

Staff Requirement: An individual certified to conduct alcohol and other drug assessments related to driver's license revocations.

	Billing Code	Rate/Unit
Offense Prior to 11/1/2008	H0031 HF, TG, QJ	\$175.00 / Event
Offense After 11/1/2008	H0031 HF, QJ	\$160.00 / Event

SCREENING AND REFERRAL

A formal process of evaluation of the Presenting problems of an individual which results in the referral of the individual to relevant service resources. The evaluation process is to determine the likelihood that an individual may be experiencing mental health, substance abuse, trauma, or gambling related disorders. The purpose is not to establish the presence or specific type of such disorder but to establish the need for referral for more in-depth clinical evaluation and assessment and/or referral to relevant service

resources. Services can include the time spent on screening (face to face and by telephone), time spent on assisting with intake documentation, and time spent on referral to external agencies at the time of screening and admission only.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992). Up to two (2) events of this service can be billed; only one unit/event can be billed per day.

Required: Written documentation is required for all contacts.

Prison Related: For Prison-related screening, providers will need to follow contract requirements for service provision. Up to two (2) events may be billed within the same day.

TANF Related: For TANF-related screening, providers will need to follow contract requirements for service provision. Up to four (4) events may be billed within the same day. A unique Customer ID must be used.

Specialty Court Related: For Specialty Court related screening, providers will need to follow contract requirements for service provision. Up to two (2) events can be billed within the same day when an approved criminogenic risk assessment and substance use disorder screening instrument are being completed for the purposes of determining eligibility to a Specialty Court program.

Residential Initial Screening: For Residential Initial Screening, providers will need to follow contract requirements for service provision.

Staff Requirement:

[MH, SA and GA] BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP

[Urgent Recovery Center – URC] LPN and RN can do health screenings.

	Billing Code	Rate/Unit
MH	H0002 HE, HN	\$25.32 / Event
SA	H0002 HF, HN	\$25.32 / Event
Co-Occurring	H0002 HH, HN	\$25.32 / Event
Ambulatory Detox	H0002 HF, HN, HB	\$25.32 / Event
GA	H0002 HV, HN	\$25.32 / Event
GA (Pre-Screening)	H0002 HV, TF	\$5.00 / Event
Screening TANF (Group)	H0002 HF	\$10.00 / Event
Screening	H0002 HF, HQ, QJ	\$15.00 / Event

Prison-related		
Residential Initial Screening	H0001 HF, TF, U1	\$19.10 / Event
Residential Initial Screening - Telephone	H0001 HF, TF, U1, GQ	\$19.10 / Event

Service Plan Development and Review

BEHAVIORAL HEALTH SERVICE PLAN DEVELOPMENT MODERATE COMPLEXITY

The process of developing a written plan based on the assessments (conducted by LBHP) that identify the clinical needs/problems necessitating treatment. This process includes establishing goals and objectives; planning appropriate interventions; identifying treatment modalities, responsible staff, and discharge criteria. Customer involvement must be clearly documented, if the customer is 14 years of age or older. If the customer is under 18 years of age, the parent or guardian must also be involved; as allowed by law.

Note: Treatment team members can assist with writing the service plan, with oversight from LBHP. The LBHP must complete the assessment, review and sign the service plan. One unit of Behavioral Health Service Plan Development Moderate Complexity per customer per provider is allowed without prior authorization. If determined by the ODMHSAS or its designated agent, one additional unit per year may be authorized.

Required: Face-to-face; written documentation which must include customer participation and signature.

Prison Related: For Prison Related service plan development, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH, SA and GA] LBHP

		Billing Code	Rate/Unit
MH		H0032 HE	\$135.08 / Event
	Telemedicine	H0032 HE, GT	\$135.08 / Event
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
SA		H0032 HF	\$135.08 / Event
	Telemedicine	H0032 HF, GT	\$135.08 / Event
	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event
GA		H0032 HV	\$135.08 / Event
	Telemedicine	H0032 HV. GT	\$135.08 / Event
	Telemedicine Originating Site Fee	Q3014 HV	\$23.35 /Event

Prison Related		H0032 HF, QJ	\$60.00 / Event
Ambulatory Detox		H0032 HF, HB	\$60.00 / Event
	Telemedicine	H0032 HF, HB, GT	\$60.00 / Event
	Telemedicine Originating Site Fee	Q3014 HF, HB	\$23.35 /Event

BEHAVIORAL HEALTH SERVICE PLAN DEVELOPMENT LOW COMPLEXITY

A comprehensive review and evaluation of the current treatment of the customer. This includes a review of the service plan with the customer and the update of the plan as required. For mental health it includes the CAR evaluation, and for substance abuse it includes the ASI or TASI. This review may be in the form of a multi-disciplinary staffing or at times only the clinician and customer. All compensable service plan reviews must include an update to the individual service plan. Customer involvement must be clearly documented, if the customer is 14 years of age or older. If the customer is under 18 years of age, the parent or guardian must also be involved; as allowed by law.

Note: Treatment team members can assist with writing the service plan, with oversight from LBHP. The LBHP must complete the assessment, review and sign the service plan. Service plan updates are required every six months during active treatment. Updates can be conducted whenever needed as determined by the clinician and the customer.

Required: Face-to-face; written documentation which must include customer participation and signature.

Prison Related: For Prison Related service plan development, providers will need to follow contract requirements for service provision.

TANF Reassessment: This service is to be billed when a provider completes a TANF reassessment and will be providing services. This service is inclusive of both completion of the reassessment and completion of the service plan.

Staff Requirement: [MH, SA and GA] LBHP

		Billing Code	Rate/Unit
MH		H0032 HE, TF	\$84.48 / Event
	Telemedicine	H0032 HE, TF, GT	\$84.48 / Event
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
SA		H0032 HF, TF	\$84.48 / Event
	Telemedicine	H0032 HF, TF, GT	\$84.48 / Event
	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event

GA		H0032 HV, TF	\$84.48 / Event
	Telemedicine	H0032 HV, TF, GT	\$84.48 / Event
	Telemedicine Originating Site Fee	Q3014 HV	\$23.35 /Event
Prison Related		H0032 HF, TF, QJ	\$40.00 / Event
TANF- Reassessment		H0032 HF, TF, U1	\$84.48 / Event
Ambulatory Detox		H0032 HF, TF, HB	\$84.48 / Event
	Telemedicine	H0032 HF, TF, HB, GT	\$84.48 / Event
	Telemedicine Originating Site Fee	Q3014 HF, HB	\$23.35 /Event

Service Related Travel

TRAVEL

Report the number of miles traveled. Travel can be to the individuals' home, to various locations within the community or to facilities where the customer is receiving other related services.

Reporting for Disaster Travel: submitted services rendered for those agencies entering disaster related services, with Contract Source 81. The Program Manager for Disaster Planning and Recovery will inform agencies of which disaster code to use.

Reporting for Non-Disaster Travel: for designated contractors only.

Note: This service can only be reported with a generic Customer ID (999999993 for disaster related travel, and 999999992 for non-disaster related travel).

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	S0215 HE, TF	\$0.51 / mile
<i>Community Support Services PA Group Only</i>	S0215 HE, TF, U1	\$0.51 / mile
SA	S0215 HF, TF	\$0.51 / mile
GA	S0215 HV, TF	\$0.51 / mile

Specialized Substance Abuse Services

DRUG SCREEN

A drug screen is a method of testing for the use of drugs by clients in substance abuse treatment. It must be qualitative and test for multiple drug classes, and will include Urine

Analysis (U.A's). U.A's should be administered if indicated by the clinical interview or assessments administered to the clients. Appropriate documentation is required.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992), however, only Family Drug Court Programs doing the Strengthening/Celebrating Families Evidenced Based Practice may report/bill under a generic Customer ID.

Staff Requirement: [SA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
SA	H0003 HF	\$19.10 / Screen
Ambulatory Detox	H0003 HF, HB	\$19.10 / Screen

DIAGNOSIS (OR PRESENTING PROBLEM) RELATED EDUCATION – FAMILY MEMBERS

The Therapeutic education of family members regarding customer’s diagnosis/identified problem and associated issues and implications. Face-to-face activity.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992) for Strengthening/Celebrating Families programs. All other programs will use the generic Customer ID only.

Staff Requirement: [SA]

BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP

		Billing Code	Rate/Unit
SA	With client present	T1012 HF, HR	\$15.00 / 30 Minutes
	Without client present	T1012 HF, HS	\$15.00 / 30 Minutes
GA	With client present	T1012 HV, HR	\$15.00 / 30 Minutes
	Without client present	T1012 HV, HS	\$15.00 / 30 Minutes
CO	With client present	T1012 HH, HR	\$15.00 / 30 Minutes
	Without client present	T1012 HH, HS	\$15.00 / 30 Minutes

DIAGNOSIS (OR PRESENTING PROBLEM) RELATED EDUCATION – GROUP

The Therapeutic education of clients regarding their diagnosis/identified problem and associated issues and implications. Group size is limited to a participant/staff ratio of 14 to 1. Face-to-face group activity.

Note: This service can only be provided within the Pre-Admission service array (PG038) to assist with engaging consumers in services prior to clinical assessment and admission. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [SA]

BHCM II (Certification issued July 1, 2013 or after), or
 CADC, or
 LBHP

	Billing Code	Rate/Unit
SA	T1012 HF, HQ	\$8.44 / 30 minutes

Therapeutic Behavioral Services

BEHAVIORAL HEALTH AIDE

This service provides the training and support necessary to ensure active participation of the customer (and family) in the service plan development process and with the ongoing implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided, such as life skills remedial training in the home, school or community setting, to include training and remediation of children and the families on behavioral, interpersonal, communication, self help, safety, substance use decisions, and daily living skills. This may involve assisting the customer and/or family in the acquisition of knowledge and skills necessary to understand and address specific needs relation to the mental illness and treatment; development and enhancement of specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Face to face. Individual activity. Provided to children or youth under the age of 21. This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used).

Staff Requirement: [MH and SA] BHA

		Billing Code	Rate/Unit
MH	Outpatient	H2019 HE	\$7.77 / 15 minutes
	Outpatient in Inpatient Setting	H2019 HE, HK	\$7.77 / 15 minutes
SA	Outpatient	H2019 HF	\$7.77 / 15 minutes
	Outpatient in Inpatient Setting	H2019 HF, HK	\$7.77 / 15 minutes

COMMUNITY RECOVERY SUPPORT / RECOVERY SUPPORT SPECIALIST

This service provides the training and support necessary to ensure active participation of the customer (and family when applicable) in the service plan development process and with the on-going implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided to the customer to assist with their recovery process. This may involve assisting the customer in the acquisition of knowledge and skills necessary to understand and address specific needs in relation to their mental illness and treatment; development and enhancement of problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on medications or diagnoses; development and enhancement of communication and socialization skills; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Face to face or phone contact. Individual activity. Provided to children age 16 or over with SED and/or substance use disorder(s) and adults age 18 and over with SMI and/or substance use disorder(s). This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used). If a telephone service is being provided and the service provided is compensable as Case Management (like monitoring), and the RSS providing the service is Case Management Certified, the service should be billed as Case Management.

Staff Requirement: [MH and SA] PRSS

		Billing Code	Rate/Unit
MH	Outpatient	H2015 HE	\$9.75 / 15 minutes
	Outpatient in Inpatient Setting	H2015 HE, HK	\$9.75 / 15 minutes
	Telephone	H2015 HE, TF	\$0.65 / 1 minute
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<i>Community Support Services PA Group Only</i>	Outpatient	H2015 HE, U1	\$9.75 / 15 minutes
	Outpatient in Inpatient Setting	H2015 HE, HK, U1	\$9.75 / 15 minutes
	Telephone	H2015 HE, TF, U1	\$0.65 / 1 minute
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SA	Outpatient	H2015 HF	\$9.75 / 15 minutes
	Outpatient in Inpatient Setting	H2015 HF, HK	\$9.75 / 15 minutes
	Telephone	H2015 HF, TF	\$0.65 / 1 minute
Ambulatory Detox	Outpatient	H2015 HF, HB	\$9.75 / 15 minutes
	Telephone	H2015 HF, TF, HB	\$0.65 / 1 minute

COMMUNITY RECOVERY SUPPORT / RECOVERY SUPPORT SPECIALIST-GROUP

Face-to-face group community recovery support services conducted by trained individuals who have experienced similar behavioral health problems. This service can include the facilitation of Wellness Recovery Action Plans (WRAP).

Note: Group activity. Provided to children age 16 or over with SED and/or substance use disorder(s) and adults age 18 and over with SMI and/or substance use disorder(s).

Staff Requirement: [MH and SA] PRSS

		Billing Code	Rate/Unit
MH	Outpatient	H2015 HE, HQ	\$1.45 / 15 minutes
	Outpatient in Inpatient Setting	H2015 HE, HQ, HK	\$1.45 / 15 minutes
<i>Community Support Services PA Group Only</i>	Outpatient	H2015 HE, HQ, U1	\$1.45 / 15 minutes
SA	Outpatient	H2015 HF, HQ	\$1.45 / 15 minutes
Ambulatory Detox	Outpatient	H2015 HF, HQ, HB	\$1.45 / 15 minutes

FAMILY TRAINING AND SUPPORT

This service provides the training and support necessary to ensure active participation of the family or consumer in the treatment planning process and with the ongoing implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided to family members to increase their ability to provide a safe and supportive environment in the home and community. This may involve assisting the consumer or family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Individual activity. Provided to children or youth under the age of 21. This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used).

Staff Requirement: [MH and SA] FSP

		Billing Code	Rate/Unit	
MH	Outpatient	Face to face	T1027 HE	\$9.75 / 15 minutes
		Telephone	T1027 HE, TF	\$0.65 / 1 minute
	Outpatient in Inpatient Setting	T1027 HE, HK	\$9.75 / 15 minutes	

SA	Outpatient	Face to face	T1027 HF	\$9.75 / 15 minutes
		Telephone	T1027 HF, TF	\$0.65 / 1 minute
	Outpatient in Inpatient Setting		T1027 HF, HK	\$9.75 / 15 minutes

COMMUNITY LIVING PROGRAMS (CL)

LEVELS OF SERVICE PROVIDERS

When providing the type of treatment services identified in the Outpatient Services section of the manual (ex: Psychotherapy), please follow the staff requirements for Outpatient Services.

When providing support services not included in the Outpatient Services section of the manual, such as housing support services, residential care support services, milieu support, and therapeutic activities, the staff requirement is Support Services Provider:

Support Services Provider

An individual age eighteen (18) or older with a high school diploma or equivalent.

SERVICE DEFINITIONS

Community Housing Programs

NOTE: Community Housing Programs are not considered all inclusive days of service. A day of service should be reported for the customer, as well as all hourly services provided to that customer within the day.

FAMILY SELF SUFFICIENCY PROGRAM

This is a time limited (12 months or less) housing program for families of children with SED. The service is for 1) homeless families, 2) families at risk of losing housing or 3) families in crisis. Assisting families to create a stable home environment is intended to reduce out-of-home placement, increase school attendance, and reduce or mitigate contacts with law enforcement for the SED child(ren) within the family. The program should also assist the family in establishing residential stability and increased economic self sufficiency.

The program should incorporate elements of a system of care for SED families including blended funding, wraparound services, collaboration with other service providers, and strengths based, family directed plans and services.

The service should be reported for the child with SED.

	Billing Code	Rate/Unit
MH	H0043 HE, HA	\$55.00 / Day

PERMANENT SUPPORTED HOUSING PROGRAMS

Programs assist consumers in the acquisition of permanent, scattered-site and congregate housing in the community. The consumer/resident shall be the lessee. On-site or off-site supports/contact shall be provided at least once per month. Independent living skills training will be offered. Psychosocial rehabilitation services shall be made available, and socialization and recreational opportunities will be offered or arranged for at least twice a week.

Note: If a person is referred to the program prior to finding housing, the process of acquiring permanent housing in the community would be covered under this service and Case Management could not be billed for these activities. Once housing has been acquired, the following services would be included: offering social/recreational opportunities 2x weekly, offering independent living skills training, and providing additional on-site or off site supports at least once per month. This would also include Case Management services related to maintaining housing (ex. advocacy with landlord and neighbors, rental assistance, home maintenance, etc.), and Individual and group rehab service related to housing (ex. understanding and adhering to lease agreements, being a good tenant and neighbor, home safety and maintenance, etc.). Other ODMHSAS services (ex: Case Management, PSR, Therapy, etc) could be billed for non-housing related issues.

	Billing Code	Rate/Unit
MH	H0043 HE, TF	\$12.50 / Day

SAFE HAVEN

A temporary shelter for a homeless person with mental illness. Each individual has a private room. The length of stay is not defined and can be long term. Safe Haven services assist homeless persons build relationships with mental health service providers, access community programs, and facilitate the eventual transition to permanent housing.

	Billing Code	Rate/Unit
MH	H0043 HE	\$30.00 / Day

SAFE HAVEN - PERMANENT SUPPORTED HOUSING

Program provides places of permanent residence for homeless persons with mental illness needing on-site support twenty-four (24) hours a day, to enable persons to live as independently as possible. Services shall assist program participants with accessing additional community resources, services and supports needed to promote self-sufficiency. The participant shall be the lessee of the residence, or have a similar form of occupancy agreement, and there shall be no limits on a person's length of tenancy as long as they abide by the conditions of the lease or agreement.

	Billing Code	Rate/Unit
MH	H0043 HE, TF, TG	\$30.00 / Day

SUPERVISED TRANSITIONAL LIVING PROGRAMS

Programs are supervised places of temporary transitional residence for mental health consumers needing on-site support twenty-four (24) hours a day. These programs are intended to assist residents with stabilization and acquisition of skills necessary to transition to an independent living situation. Twenty hours of meaningful activity offered each week, with at least ten hours provided on-site and with a least eight of those 10 hours focusing specifically on independent living skills training.

Note: This service includes the following: funding 24 hour on-site staffing (staff on site at all times). Offering 20 hours of meaningful activity each week (ex. housing support groups, social/rec. activities, independent living skills training, etc.), with at least ten hours provided on-site and with at least 8 of those 10 focusing specifically on independent living skills. Other ODMHSAS services (ex: Case Management, PSR, Therapy, etc.) could be billed for non-housing (independent living) related issues.

	Billing Code	Rate/Unit
MH	H0043 HE, TG	\$70.00 / Day

SUPPORTED TRANSITIONAL HOUSING PROGRAMS

Programs are group apartment living or other residential settings with staff available as needed. Programs offer or make available to residents: psychosocial rehabilitation services, one evening or weekend socialization and recreational activity per week, eight hours of meaningful activity per week with at least five of those hours including on-site independent living skills training.

Note: This service includes the following: the provision of one evening or weekend social/rec. activity per week, offering 8 hours of meaningful activity each week (ex. housing support groups, social/rec. activities, independent living skills training, etc.), with at least five hours provided on-site and focusing specifically on independent living skills. Other ODMHSAS services (ex: Case Management, PSR, Therapy, etc.) could be billed for non-housing (independent living) related issues.

	Billing Code	Rate/Unit
MH	H0043 HE, TG, TF	\$55.00 / Day

Halfway House Programs

NOTE: No hourly services should be reported for customers admitted in Halfway House. For customers who are seen but not admitted, Screening and Referral and assessment services can be reported as hourly services.

HALFWAY HOUSE

A low intensity addiction treatment in a supportive living environment to facilitate the individual's re-integration into the community, most often following completion of primary treatment. Major emphasis is on continuing substance abuse care and follow up, and community ancillary services in an environment supporting continued abstinence. Customers participate in at least six (6) hours of structured addiction rehabilitation services weekly.

	Billing Code	Rate/Unit
SA	H2034 HF	\$46.00 / Day

HALFWAY HOUSE SERVICES FOR ADOLESCENTS

A low intensity addiction treatment in a supportive living environment to facilitate the adolescent’s re-integration into the community, most often following completion of primary treatment. Major emphasis is on continuing substance abuse care and follow-up for adolescents.

	Billing Code	Rate/Unit
SA	H2034 HF, HA	\$63.00 / Day

HALFWAY HOUSE SERVICES FOR CO-OCCURRING DISORDERS

Addiction/chemical dependency and mental health services in a residential setting providing a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. Treatment offers individualized services and treatment, and clients must participate in at least six (6) hours of supportive services.

	Billing Code	Rate/Unit
SA	H2034 HH	\$46.00 / Day

HALFWAY HOUSE SERVICES FOR DEPENDENT CHILDREN OF SUBSTANCE ABUSERS

Halfway house services are designed to aid the dependent children of recovering substance abusers by placement with their parent in a supportive setting including provision of room and board with a limited structure program that includes prevention services.

Note: This service can also be billed for dependent children if they require more than the six (6) therapeutic hours of services that are already included under this service when billed under the parent. If billed for dependent children, it may only be used to cover additional behavioral health services, and a separate consumer record must be kept for the child documenting services rendered.

	Billing Code	Rate/Unit
SA	H2034 HF, HD, HA	\$63.00 / Day

HALFWAY HOUSE SERVICES FOR PREGNANT & POST PARTUM WOMEN

Addiction and chemical dependency services in a residential setting providing a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. Treatment offers individualized services and treatment, and clients must participate in at least six (6) hours of supportive services for pregnant/post partum women.

	Billing Code	Rate/Unit
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SA	H2034 HF, HD, TF	\$117.00 / Day
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HALFWAY HOUSE SERVICES FOR WOMEN WITH DEPENDENT CHILDREN

Addiction and chemical dependency services in a residential setting providing a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. Treatment offers individualized services and treatment, and clients must participate in at least six (6) hours of supportive services, parenting, and child development services per week for adults, and six (6) therapeutic hours of services for children (excluding infants).

	Billing Code	Rate/Unit
SA	H2034 HF, HD	\$63.00 / Day

Residential Care Services

NOTE: Residential Care Services are not considered all inclusive days of service. A day of service should be reported for the customer, as well as all hourly services provided to that customer within the day.

ENHANCED RESIDENTIAL CARE

This service is the same as T2033 HE, Residential Care, with the additional requirements noted in Residential Care Standard OAC 450:16.

	Billing Code	Rate/Unit
MH	T2033 HE, TG	\$61.73 / Day

RESIDENTIAL CARE

The provision of twenty-four-hour supportive assistance to include physical exercise, independent living skills, and socialization activities to those clients with a Serious Mental Illness who are pre-authorized to live in a residential care facility.

	Billing Code	Rate/Unit
MH	T2033 HE	\$11.00 / Day

RESIDENTIAL CARE RECOVERY ENHANCEMENT

This service is the same as T2033 HE, Residential Care, with provision of additional supportive assistance to promote the recovery and independence of residents, as demonstrated by designation of the provider as a Recovery Home.

	Billing Code	Rate/Unit
MH	T2033 HE, TF	\$12.00 / Day

RESIDENTIAL CARE TRANSITIONAL SERVICES- MENTAL HEALTH

Services to assist people with mental illness or co-occurring disorders who request assistance with transition from a residential care home into community based permanent housing. Service recipients choose the community and type of housing they live in, and they hold their own lease. The landlord may be a Residential Care facility. The following services shall be offered or arranged for: assistance with locating housing;

transportation to Doctor/treatment and grocery store; opportunities for socialization including evening and weekend opportunities; assistance with housing related deposits; and assistance with independent living skills (ex: budgeting, planning of meals, housekeeping skills, etc.). In addition, 24 hour access to support will be provided, with at least 1 face to face contact provided per week. And linkage to community supports will be provided (ex: outpatient mental health services, natural supports, etc.) to ensure long term housing success. This service can be provided a maximum of 90 days per person. Up to 10 of those days can be billed while the service recipient is residing in a Residential Care home (to allow time to find and arrange for permanent housing). Service recipients cannot be charged for this service.

	Billing Code	Rate/Unit
MH	T2033 HE, 52	\$11.00 / Day

RESIDENTIAL CARE EXTENDED TRANSITIONAL SERVICES- MENTAL HEALTH

Services to assist people with mental illness or co-occurring disorders who request assistance with transition from a residential care home into community based permanent housing, and require a longer period of transition support. The term of transition assistance for each program participant is 120 days. If necessary, for consumer success, an extended period of assistance may be requested from ODMHSAS. Service recipients choose the community and type of housing they live in, and they hold their own lease. The following services shall be offered or arranged for: assistance with locating housing; transportation to Doctor/treatment and grocery store; opportunities for socialization including evening and weekend opportunities; assistance with housing related deposits; and assistance with independent living skills (ex: budgeting, planning of meals, housekeeping skills, etc.). In addition, 24 hour access to support will be provided, with at least 1 face to face contact provided per week. And linkage to community supports will be provided (ex: outpatient mental health services, natural supports, etc.) to ensure long term housing success. Up to 10 of the 120 transition days can be billed while the service recipient is residing in a Residential Care home (to allow time to find and arrange for permanent housing). Service recipients cannot be charged for this service.

	Billing Code	Rate/Unit
MH	T2033 HE, TF, 52	\$10.00 / Day

RESIDENTIAL TREATMENT (CI)

LEVELS OF SERVICE PROVIDERS

When providing Residential Treatment services, providers should follow the staff requirements for Residential Treatment services in Chapter 18 Standards and Criteria for Substance Related and Addictive Disorder Treatment Services.

SERVICE DEFINITIONS

NOTE: All services in the Intensive Residential Treatment Level of Care are all inclusive days of service. No hourly services should be reported for customers admitted in Residential Treatment. For customers who are seen but not admitted, Screening and Referral and assessment services can be reported as hourly services.

ENHANCED RESIDENTIAL TREATMENT – MENTAL HEALTH

Enhanced Residential (live in) treatment for persons with mental illness who require specialized psychiatric treatment requiring 24 hour, seven day per week medical supervision and an active rehabilitation program as a result of their mental illness. Treatment offers access to individual and/or group counseling, activities therapy, medication administration by licensed staff, psychiatric rehabilitation, and physician on site 3 days per week in either a JCAHO or CARF accredited facility.

	Billing Code	Rate/Unit
MH	H0019 HE, TF	\$225.00 / Day

INTENSIVE RESIDENTIAL TREATMENT FOR CHILDREN AND ADOLESCENTS

An intensive individualized treatment program for adolescents and children with behavioral health disorders who require more intensive care than outpatient treatment. This is a structured program designed to arrest the progression of the disease through the provision of an organized, medically supervised, therapeutic environment. A minimum of 22 hours per week of treatment is required in addition to the minimum hours per week of educational services required by state and federal law.

	Billing Code	Rate/Unit
MH	H0019 HE, HA, TG	\$281.61 / Day
SA	H0019 HF, HA, TG	\$281.61 / Day
Co-Occurring	H0019 HH, HA, TG	\$281.61 / Day

INTENSIVE RESIDENTIAL TREATMENT FOR WOMEN WITH DEPENDENT CHILDREN

Treatment offers intensive primary treatment and clients must participate in at least thirty-five (35) therapeutic hours of substance use disorder treatment, parenting and child development services per week in addition to life skills, recreational, an self-help

supportive meetings and other therapies. In accordance with an approved treatment plan in a state certified facility with medical support available.

Note: Admission is allowable to those women who enter a program without her child with the understanding that eventual reunification while in program is sought and is the goal.

	Billing Code	Rate/Unit
SA	H0019 HF, HD, TF	\$125.28 / Day

INTENSIVE RESIDENTIAL TREATMENT FOR DEPENDENT CHILDREN OF INDIVIDUALS WITH SUBSTANCE USE DISORDERS IN INTENSIVE RESIDENTIAL TREATMENT

School age children will participate in at least seven (7) hours and children not attending school will participate in at least twelve (12) hours of substance abuse service per week in addition to daily living skills and recreational activities, designed to teach children about self esteem, safety, addiction, coping skills and how to tell when they perceive things are wrong. In accordance with an approved treatment plan in a state certified facility with medical support available.

	Billing Code	Rate/Unit
SA	H0019 HF, HD, HA, TF	\$125.28 / Day

INTENSIVE RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT

Treatment for severe substance use disorders in a residential (live-in) setting, which provides a twenty-four (24) hour per day, 7 day per week, professionally directed therapeutic regimen. This service offers intensive, individualized, primary treatment adhering to ASAM guidelines. Consumers must participate in at least thirty-seven (37) hours of services designed to support recovery from severe substance use disorders each week in addition to life skills, recreation and mutual support group involvement. Physician services must be available twenty-four hours per day, seven (7) days per week.

	Billing Code	Rate/Unit
SA	H0019 HF, TF	\$160.00 / Day

RESIDENTIAL TREATMENT -- SUBSTANCE USE DISORDER

Substance use disorder treatment in a residential (live-in) setting which provides a twenty-four hour, seven (7) day a week, professionally directed therapeutic regiment. Treatment offers intensive primary treatment and clients must participate in at least twenty-four (24) hours of substance use disorder treatment services per week, in addition to life skills, recreational and self-help supportive meetings.

	Billing Code	Rate/Unit
SA	H0019 HF, U1	\$74.00 / Day

RESIDENTIAL TREATMENT FOR ADOLESCENTS

Substance use disorder treatment in a residential setting providing a planned regimen of twenty-four (24) hour, seven (7) day a week, professionally directed evaluation, care and treatment for chemically dependent adolescents. Adolescents not attending academic training shall participate in at least twenty-one (21) substance use disorder treatment related hours per week. Clients attending academic training shall participate in fifteen (15) or more hours of substance use disorder related treatment per week. At a minimum, ten (10) hours shall be devoted to therapeutic services including group, individual and family therapy. The remaining hours shall be devoted to life skills, pro-social skills, and recreational activities. These services shall be in addition to other activities such as support groups, meetings and religious participation.

	Billing Code	Rate/Unit
SA	H0019 HF, HA, U1	\$135.00 / Day
Co-Occurring	H0019 HH, HA, U1	\$135.00 / Day

RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS

Substance use disorder and mental health treatment in a residential setting that provides a planned regimen of twenty-four (24) hour structured evaluation, care, and treatment. Clients shall participate in at least twenty-four (24) treatment hours of mental health or substance use disorder treatment services per week, excluding community support groups.

	Billing Code	Rate/Unit
Co-Occurring	H0019 HH, U1	\$82.00 / Day

RESIDENTIAL TREATMENT FOR WOMEN WITH DEPENDENT CHILDREN

Substance use disorder treatment in a residential setting providing a planned regimen of twenty-four (24) hours of professionally directed evaluation, care and treatment. Clients shall participate in at least twenty-four (24) treatment hour, seven (7) days a week, of substance use disorder treatment, parenting, and child development services per week for adults[Exception: TANF recipients with Oklahoma Department of Human Services approved documentation shall participate in least 21 hours of treatment; documentation should be reflected in consumer record], and twelve (12) structured hours for children [Exception: unless clinically indicated, structured services may be reduced to six (6) hours per week for children attending school.]

	Billing Code	Rate/Unit
SA	H0019 HF, HD, U1	\$95.00 / Day

RESIDENTIAL TREATMENT FOR DEPENDENT CHILDREN OF INDIVIDUALS WITH SUBSTANCE USE DISORDERS IN RESIDENTIAL TREATMENT

Twenty-four hour supportive care in a residential setting for dependent children of individuals with substance use disorders receiving residential care. Includes requirements and emphasis on prevention and daily living skills in accordance with an approved treatment plan in a state certified facility with medical support available.

	Billing Code	Rate/Unit
SA	H0019 HF, HD, HA, U1	\$80.00 / Day

DETOX (SN)

SERVICE DEFINITIONS

NOTE: Detoxification services are all inclusive days of service. No hourly services should be reported for customers admitted in Detox. For customers who are seen but not admitted, Screening and Referral and assessment services can be reported as hourly services.

INPATIENT MEDICAL DETOXIFICATION

Medical detoxification consists of diagnostic and treatment services for clients with alcohol/drug intoxication, delirium tremens, physical, and/or neurological complications resulting from intoxication. Medical detoxification shall be located in a licensed or accredited hospital and meet standards and criteria of that facility.

	Billing Code	Rate/Unit
SA	H0009 HF	\$62.00 / Day

MEDICALLY SUPERVISED DETOXIFICATION SERVICES

Detoxification outside of medical settings, supervised by a licensed nursing supervisor, for intoxicated individuals, and individuals withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances that would require hospitalization as determined by an examining physician.

	Billing Code	Rate/Unit
SA	H0010 HF	\$144.00 / Day

NON-MEDICAL DETOXIFICATION SERVICES

Services in a social (non-medical) setting, with trained professionals, for intoxicated individuals and individuals withdrawing from alcohol or drugs presenting no apparent medical or neurological symptoms as a result of their use of substances.

	Billing Code	Rate/Unit
SA	H0014 HF	\$82.00 / Day

NON-MEDICAL DETOXIFICATION SERVICES FOR WOMEN WITH DEPENDENT CHILDREN AND PREGNANT WOMEN

Services provided to women in a social (non-medical) setting, with trained professionals, for intoxicated individuals and individuals withdrawing from alcohol or drugs, presenting no apparent medical or neurological symptoms as a result of their use of substances.

	Billing Code	Rate/Unit
SA	H0014 HF, HA	\$94.00 / Day

COMMUNITY-BASED STRUCTURED CRISIS CARE (SC)

SERVICE DEFINITION

NOTE: Community-Based Structured Crisis Care (SC) should be reported in hours. This service can be reported with a generic Customer ID (999999991).

COMMUNITY BASED STRUCTURED EMERGENCY CARE

Crisis stabilization consists of emergency psychiatric and substance abuse services for the resolution of crisis situations provided in a behavioral health care setting. Crisis stabilization includes 1 hour increments of care with the ability to provide a protective environment, basic supportive care, pharmacological treatment, non-medical to medically supervised detoxification, medical assessment and treatment and referral services to appropriate level and type of service.

		Billing Code	Rate/Unit
MH		S9484 HE	\$19.50 / Hour
	> 16 beds	S9484 HE, TG	\$19.50 / Hour

HOSPITALIZATION (HA)

SERVICE DEFINITIONS

NOTE: For reporting purposes only.

ACUTE INPATIENT

Short-term psychiatric treatment within a licensed psychiatric inpatient treatment unit for evaluation, rapid stabilization and treatment of acute symptoms and risk factors, with the expectation the person will be moved to a less intensive level of care. EOD cases would most often fit this category.

		Billing Code	Rate/Unit
MH	Low Complexity	99222 HE	\$0.00 /Day
	Moderate Complexity	99222 HE,HA	\$0.00 /Day

INTERMEDIATE INPATIENT TREATMENT

Inpatient psychiatric treatment on a specialized psychiatric treatment unit for persons who require 24-hour medical supervision and are in need of an active rehabilitation program as a result of a mental illness. Treatment is anticipated to be longer than acute inpatient treatment.

		Billing Code	Rate/Unit
MH		99221 HE	\$0.00 / Day

SCREENING AND ASSESSMENT TOOLS

CLIENT ASSESSMENT RECORD (CAR)

GENERAL INFORMATION

The purpose of the Client Assessment Record (CAR) is to give clinicians a tool to evaluate the functioning level of their customers.

The clinician must have knowledge of the customer's behavior and adjustment to his/her community based on the assessment, and other information. The knowledge must be gained through direct contact (face-to-face interview). It can also include by systematic review of the customer's functioning with individuals who have observed and are acquainted with the customer.

The CAR levels of functioning have been structured within a "normal curve" format, ranging from Above Average Functioning (1-10) to Extreme Psychopathology (50). Pathology begins in the 20-29 range. The CAR format provides a broad spectrum of functioning and permits a range within which customers can be described.

The clinician's rating in each domain needs to be based on assessment information: 1) the frequency of the behavior (How often does the behavior occur?); 2) the intensity of the behavior (How severe is the behavior?); 3) duration of the behavior (How long does the behavior last?); and 4) the impact the symptoms/behaviors have on daily functioning, to establish the severity of the customer's current condition.

Only current information is to be rated, not historical information.

CAR DOMAIN DEFINITIONS

1. **FEELING/MOOD/AFFECT:** Measures the extent to which the person's emotional life is well moderated or out of control.
2. **THINKING/MENTAL PROCESS:** Measures the extent to which the person is capable of and actually uses clear, well-oriented thought processes. Adequacy of memory and overall intellectual functioning are also to be considered in this scale.
3. **SUBSTANCE USE:** Measures the extent to which a person's current use of synthetic or natural substances is controlled and adaptive for general well-being and functioning. Although alcohol and illegal drugs are obvious substances of concern, any substance can be subjected to maladaptive use or abuse, especially if compounded by special medical or social situations.
4. **MEDICAL/PHYSICAL:** Measures the extent to which a person is subject to illness, injury and/or disabling physical conditions, regardless of causation. Demonstrable physical effects of psychological processes are included, but not the effects of prescribed psychotropic medications. Physical problems resulting from assault, rape, or abuse are included.
5. **FAMILY:** Measures the adequacy with which the customer functions within his/her family and current living situation. Relationship issues with family members are included as well as the adequacy of the family constellation to function as a unit.
6. **INTERPERSONAL:** Measures the adequacy with which the person is able to establish and maintain interpersonal relationships. Relationships involving persons other than family members should be compared to similar relationships by others of the same age, gender, culture, and life circumstances.
7. **ROLE PERFORMANCE:** Measures the effectiveness with which the person manages the role most relevant to his or her contribution to society. The choice of whether job, school, or home management (or some combination) is most relevant for the person being rated depends on

that person's age, gender, culture and life circumstances. If disabled, intellectually, mentally or physically, the client would be scored relative to others with the same disability and in the same situation. Whichever role is chosen as most relevant, the scale is used to indicate the effectiveness of functioning within the role at the present time.

8. **SOCIO-LEGAL:** Measures the extent and ease with which the person is able to maintain conduct within the limits prescribed by societal rules and social mores. It may be helpful to consider this scale as a continuum extending from pro-social to anti-social functioning. *****Other Behavioral Non-Chemical Addictions would be rated here: gambling, internet, pornography, sexual, etc.**
9. **SELF CARE/BASIC NEEDS:** Measures the adequacy with which the person is able to care for him/herself and provide his/her own needs such as food, clothing, shelter and transportation. If the customer lives in a supportive or dependent situation for reasons other than lack of ability (e.g. confined on criminal sentence), estimate the ability to make arrangements independently and freely. Children, the disabled and elderly persons who are cared for by others should also be rated on their own ability to make arrangements compared to others their age.

LEVEL OF FUNCTIONING RATING SCALE

- **1 - 9 (Above Average):** Functioning in the particular domain is consistently better than that which is typical for age, gender, and subculture, or consistently average with occasional prominent episodes of superior, excellent functioning. Functioning is never below typical expectations for the average person.
- **10 - 19 (Average):** Functioning in the particular domain as well as most people of same age, gender, and subculture. Given the same environmental forces is able to meet usual expectations consistently. Has the ability to manage life circumstances.
- **20 - 29 (Mild to Moderate):** Functioning in the particular domain falls short of average expectation most of the time, but is not usually seen as seriously disrupted. Dysfunction may not be evident in brief or casual observation and usually does not clearly influence other areas of functioning. Problems require assistance and/or interfere with normal functioning.
- **30 - 39 (Moderate to Severe):** Functioning in the particular domain is clearly marginal or inadequate, not meeting the usual expectations of current life circumstances. The dysfunction is often disruptive and self-defeating with respect to other areas of functioning. Moderate dysfunction may be apparent in brief or casual interview or observation. Serious dysfunction is evident.
- **40 - 49 (Incapacitating):** Any attempts to function in the particular domain are marked by obvious failures, usually disrupting the efforts of others or of the social context. Severe dysfunction in any area usually involves some impairment in other areas. Hospitalization or other external control may be required to avoid life-threatening consequences of the dysfunction. Out of control all or most of the time.
- **50 (EXTREME):** The extreme rating for each scale, suggests behavior or situations totally out of control, unacceptable, and potentially life threatening. This score indicates issues that are so severe it would not be generally used with someone seeking outpatient care.

FEELING / MOOD AFFECT

1 – 9 (ABOVE AVERAGE): Anxiety, depression, or disturbance of mood is absent or rare. The person's emotional life is characterized by appropriate cheer and optimism given a realistic assessment of his/her situation. Emotional control is flexible, with both positive and negative feelings clearly recognized and viewed as within his/her control. Reactions to stressful situations are clearly adaptive and time limited.

10 – 19 (AVERAGE): No disruption of daily life due to anxiety, depression or disturbance of mood. Emotional control shows consistency and flexibility. A variety of feelings and moods occur, but generally the person is comfortable, with some degree of pleasant or warm affect. When strong or persistent emotions occur, the object and approximate causes are readily identified.

ADULT: Able to cope, either alone or with the help of others, with stressful situations. Not overwhelmed when circumstances seem to go against him/her. Doesn't dwell on worries; tries to work out problems. Frustration, anger, guilt, loneliness, and boredom are usually transient in nature and resolve quickly. Considers self a worthy person.

CHILD: Not overwhelmed when circumstances seem to go against him/her. Frustration, anger, guilt, loneliness, and boredom are usually transient in nature and resolve quickly. Reactions to stressful events are age appropriate.

20 – 29 (Mild to Moderate): Occasional disruption due to intense feelings. Emotional life is occasionally characterized by volatile moods or persistent intense feelings that tend not to respond to changes in situations. Activity levels may occasionally be inappropriate or there may be disturbance in sleep patterns.

ADULT: Tends to worry or be slightly depressed most of the time. Feels responsible for circumstances but helpless about changing them. Feels guilty, worthless and unloved, causing irritability, frustration and anger.

CHILD: Frustration, anger, loneliness', and boredom persist beyond the precipitating situation. May be slightly depressed and/or anxious MOST OF THE TIME.

30 – 39 (Moderate to Severe): Occasional major (severe) or frequent moderate disruptions of daily life due to emotional state. Uncontrolled emotions are clearly disruptive, affecting other aspects of the person's life. Person does not feel capable of exerting consistent an effective control on own emotional life.

ADULT: The level of anxiety and tension (intense feelings) is frequently high. There are marked frequent, volatile changes in mood. Depression is out of proportion to the situation, frequently incapacitation. Feels worthless and rejected most of the time. Becomes easily frustrated and angry.

CHILD: Symptoms of distress are pervasive and do not respond to encouragement or reassurance. May be moderately depressed and/or anxious most of the time or severely anxious/depressed occasionally.

40 – 49 (Incapacitating): Severe disruption or incapacitation by feelings of distress. Unable to control one's emotions, which affects all of the person's behavior and communication. Lack of emotional control renders communication difficult even if the person is intellectually intact.

ADULT: Emotional responses are highly inappropriate most of the time. Changes from high to low moods make a person incapable of functioning. Constantly feels worthless with extreme guilt and anger. Depression and/or anxiety incapacitate person to a significant degree most of the time.

CHILD: Emotional responses are highly inappropriate most of the time. Reactions display extreme guilt and anger that is incapacitating.

50 (EXTREME): Emotional reactions or their absence appears wholly controlled by forces outside the individual and bears no relationship to the situation.

Scoring Tips:

- When determining if a person scores in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Unable to control one's emotions, which affects all of the person's behavior and communication."

THINKING/MENTAL PROCESS

This domain refers to the person's intellectual functioning and thought processes only. If there is a lowering of functioning level in either one, please rate the more severe of the two.

1 – 9 (ABOVE AVERAGE): Superior intellectual capacity and functioning. Thinking seems consistently clear, well organized, rational and realistic. The person may indulge in irrational or unrealistic thinking, or fantasy, but is always able to identify it as such, clearly distinguishing it from more rational realistic thought.

10 – 19 (AVERAGE): No evidence of disruption of daily life due to thought and thinking difficulties. Person has at least average intellectual capacity. Thinking is generally accurate and realistic. Judgment is characteristically adequate. Thinking is rarely distorted by beliefs with no objective basis.

ADULT: Capable of rational thinking and logical thought processes. Oriented in all spheres. No memory loss.

CHILD: Intellectual capacity and logical thinking are developed appropriately for age.

20 – 29 (Mild to Moderate): Occasional disruption of daily life due to impaired thought and thinking processes. Intellectual capacity slightly below average ("Dull Normal" to Borderline) and/or thinking occasionally distorted by defensive, emotional factors and other personal features. Poor judgment may occur often, but is not characteristic of the person. Communications may involve misunderstandings due to mild thought disorders. Includes specific impairments of learning or attention and the ability to generalize from acquired knowledge.

ADULT: Borderline retardation; but can function well in many areas. Peculiar beliefs or perceptions may occasionally impair functioning. Occasionally forgetful, but is able to compensate.

CHILD: Bordering retardation or developmentally delayed, but can function well in many areas. Inability to distinguish between fantasy and reality may, on occasion, impair functioning.

30 – 39 (Moderate to Severe): Frequent or consistent interference with daily life due to impaired thinking. Mild to moderate mental retardation and/or frequent distortion of thinking due to emotional and/or other personal factors may occur. Frequent substitution of fantasy for reality, isolated delusions, or infrequent hallucinations may be present. Poor judgment is characteristic at this level.

ADULT: Mild to moderate retardation, but can function with supervision. Delusions and/or hallucinations interfere with normal daily functioning. Frequently disoriented as to time, place, or person. Person is unable to remember recent or past events.

CHILD: Mild to moderate retardation. May be preoccupied by unusual thoughts of attachments.

40 – 49 (Incapacitating): Incapacitated due to impaired thought and thinking processes. Severe to profound mental retardation and/or extreme disruption or absence of rational thinking may exist. Delusions or frequent hallucination that the person cannot distinguish from reality may occur. Communication is extremely difficult

ADULT: Unable to function independently. Severely disoriented most of the time. Significant loss of memory.

CHILD: Severely disoriented most of the time. Loss of memory. If speech is present, it may manifest itself in peculiar patterns.

50 (EXTREME): Profound retardation, comatose, or vegetative. No process that would ordinarily be considered "thinking" can be detected, although person may appear to be conscious. Communication is virtually impossible. Extreme catatonia.

NOTE: A score of 40 or more in this domain must include a statement indicating the customer's ability to participate in treatment planning and benefit from the OP services requested.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Severely disoriented most of the time"

SUBSTANCE USE

1 – 9 (ABOVE AVERAGE): All substances are used adaptively with good control. Substances known to be harmful are used sparingly, if at all.

10 – 19 (AVERAGE): No impairment of functioning due to substance use. Substance use is controlled so that it is not apparently detrimental to the person's over-all functioning or well-being. Substances used and amount of use are within commonly accepted range of the person's subculture. Infrequent excesses may occur in situations where such indulges have no serious consequences.

ADULT: No functional impairment noted from any substance use. Reports occasional use of alcohol with no adverse effects.

CHILD: No effects from intake of alcohol drugs, or tobacco other than possible one occurrence of experimentation.

20 – 29 (Mild to Moderate): Occasional or mild difficulties in functioning due to substance use. Weak control with respect to one or more substances. May depend on maladaptive substance use to escape stress or avoid direct resolution of problems, occasionally resulting in increased impairment and/or financial problems.

ADULT: Occasional apathy and/or hostility due to substance use. Occasional difficulty at work due to hangover or using on the job.

CHILD: Occasional incidence of experimentation with alcohol, drugs or other substance with potential adverse effects.

30 – 39 (Moderate to Severe): Frequent difficulties in functioning due to substance use. Has little control over substance use. Lifestyle revolves around acquisition and abuse of one or more substances. Has difficulty on the job, at home and /or in other situations.

ADULT: Needs alcohol, drugs or other substances to cope much of the time, without them, feels upset and irritable. Frequent hangovers/highs or other effects of substance abuse that are causing difficulty on the job, at home and/or other situations.

CHILD: Repeated use of alcohol, drugs, or other substances causing difficulty at home and/or school.

40 – 49 (Incapacitating): Disabled or incapacitated due to substance use. Substance abuse dominates the person's life to the almost total exclusion of other aspects. Serious medical and/or social consequences are accepted as necessary inconveniences. Control is absent, except as necessary to avoid detection of an illegal substance.

ADULT: Major focus on obtaining desired substance. Other functions ignored. Unable to hold job due to use of alcohol, drugs or other substances

CHILD: Unable to function at home or in school due to substance use. Life revolves around obtaining desired substance.

50 (EXTREME): Constantly high or intoxicated with no regard for basic needs or elemental personal safety. May include extreme vegetative existence.

NOTE: The use of substances by family members is recorded in domain #5, as it relates to the family's ability to operate as a functional unit.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Substance abuse dominated the person's life to the almost total exclusion of other aspects".
- In addition to scoring substance use in this domain, you can also score substance dependence for someone who is not using at this time. Example of this would be- how frequently is someone thinking of using and how does that impact their daily functioning (i.e. if someone is thinking of using all the time, and is participating in 5 AA meetings daily to keep from using- this may be impacting their ability to hold down a job, etc.).

MEDICAL/PHYSICAL

1 – 9 (ABOVE AVERAGE): Consistently enjoys excellent health. Infrequent minor ills cause little discomfort, and are marked by rapid recovery. Physical injury is rare and healing is rapid. Not ill or injured at this time of rating and in good physical condition.

10 – 19 (AVERAGE): No physical problems that interfere with daily life. Generally good health without undue distress or disruption due to common ailments and minor injuries. Any chronic medical/physical condition is sufficiently controlled or compensated for as to cause no more discomfort or inconvenience than is typical for the age. No life-threatening conditions are present.

ADULT: Occasional common colds, fatigue, headaches, gastrointestinal upsets, and common ailments that is endemic in the community. No sensory aids required. No medications.

CHILD: Occasional common ailments. Rapid recovery with no long-term effects. No sensory aids required. No medications.

20 – 29 (Mild to Moderate): Occasional or mild physical problems that interfere with daily living. Physical condition worse than what is typical of age, sex, and culture and life circumstances; manifested by mild chronic disability, illness or injury, or common illness more frequent than most. Includes most persons without specific disability, but frequent undiagnosed physical complaints. Disorders in this range could become life threatening only with protracted lack of care.

ADULT: Controlled allergies. Needs glasses, hearing aid, or other prostheses, but can function without them. Needs medication on a regular basis to control chronic medical problem.

CHILD: Illnesses more frequent than average. Controlled allergies. Needs glasses, hearing aid, or other prostheses, etc.

30 – 39 (Moderate to Severe): Frequent and/or chronic problems with health. Person suffers from serious injury, illness or other physical condition that definitely limits physical functioning (though it may not impair psychological functioning or productivity in appropriately selected roles). Includes conditions that would be life threatening without appropriate daily care. Cases requiring hospitalization or daily nursing care should be rated 30 or above, but many less critical cases may be in this range also.

ADULT: Diabetes, asthma, moderate over/underweight or other evidence of eating disorder. Cannot function without function without glasses, hearing aid or other prostheses. Heavy dependence on medications to alleviate symptoms of chronic illness.

CHILD: Diabetes, asthma, moderate over/underweight or other evidence of eating disorder. Cannot function without glasses, hearing aid, or other prostheses. Physical problems secondary to abuse. Heavy dependence on medication.

40 – 49 (Incapacitating): Incapacitated due to medical/physical health. The person is physically incapacitated by injury, illness, or other physical condition. Condition may be temporary, permanent or progressive, but all cases in this range require at least regular nursing-type care.

ADULT: Medical/physical problems are irreversible and incapacitating. Must have special medication in order to survive.

CHILD: Medical/physical problems are irreversible and incapacitating.

50 (EXTREME): Critical medical/physical condition requiring constant professional attention to maintain life. Include all persons in a general hospital intensive care unit.

NOTE: Include how the medical condition limits the customer's day-to-day function for score of 20 and above.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "but all cases in this range require at least regular nursing-type care".
- When determining if a person scored in the 30-39 range, please note that just having Diabetes, Asthma, etc. does not automatically equate a score in this range. In addition, symptoms/condition "definitely limits physical functioning".

FAMILY

1 – 9 (ABOVE AVERAGE): Family unit functions cohesively with strong mutual support for its members. Individual differences are valued.

10 – 19 (AVERAGE): Major conflicts are rare or resolved without great difficulty. Relationships with other family members are usually mutually satisfying.

*****DEFAULT TO AVERAGE RATING IF ADULT HAS NO FAMILY OR LACK OF FAMILY CONTACT. Feelings about lack of contact would be noted in domain #1*****

ADULT: Primary relationships are good with normal amount of difficulties. Feels good with family relationships and secure in parent role. Destructive behavior among family members is rare.

CHILD: Conflicts with parents or siblings are transient; family is able to resolve most differences promptly. Parenting is supportive and family is stable.

20 – 29 (Mild to Moderate): Relationships within the family are mildly unsatisfactory. May include evidence of occasional violence among family members. Family disruption is evident. Significant friction and turmoil evidenced, on some consistent basis, which is not easily resolved.

ADULT: Family difficulties such that client occasionally thinks of leaving. Some strife with children.

CHILD: Problems with parents or other family members are persistent, leading to generally unsatisfactory family life. Evidence of recurring conflict or even violence involving adults and children.

30 – 39 (Moderate to Severe): Occasional major or frequent minor disruption of family relationships. Family does not function as a unit. Frequent turbulence and occasional violence involving adults and children.

ADULT: Turbulent primary relationship or especially disturbing break-up. Adult rage and/or violence directed toward each other or children.

CHILD: Family inadequately supportive of child. Constant turmoil and friction. Family unit is disintegrating.

40- 49 (Incapacitating): Extensive disruption of family unit. Relationships within family are either extremely tenuous or extremely destructive.

ADULT: Not capable of forming primary relationships. Unable to function in parenting role. Abusive or abused.

CHILD: Isolated. Lacking family support. Abused or neglected.

50 (EXTREME): Total breakdown in relationships within family. Relationships that exist are physically dangerous or psychologically devastating.

NOTE: For adults, note and score current, ACTIVE family problems only. For children report and score the behavior of the current family as it affects the child.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “Abusive or abused” for adults, and “Abused or neglected” for children.
- Score only the current family system (in the last 30 days). Family system can include anyone that the person identifies as family (ex: common law husband/wife might be scored here). Please note that if someone is identified and scored as family, they should not be included and scored again under domain 6. Interpersonal.

INTERPERSONAL

1 – 9 (ABOVE AVERAGE): Relationships are smooth and mutually satisfying. Conflicts that develop are easily resolved. Person is able to choose among response styles to capably fit into a variety of relationships. Social skills are highly developed.

ADULT: Has wide variety of social relationships and is sought out by others.

CHILD: Social skills highly developed for age.

10 – 19 (AVERAGE): Interpersonal relationships are mostly fruitful and mutually satisfying. Major conflicts are rare or resolved without great difficulty. The person appears to be held in esteem within his or her culture.

ADULT: Good relationship with friends. Forms good working relationships with co-worker.

CHILD: Client is able to relate well to peers or adults without persistent difficulty.

20 – 29 (Mild to Moderate): Occasional or mild disruption of relationships with others. Relationships are mildly unsatisfactory although generally adequate. May appear lonely or alienated although general functioning is mostly appropriate.

ADULT: Some difficulty in developing or keeping friends. Problems with co-workers occasionally interfere with getting work done.

CHILD: Some difficulty in forming or keeping friendships. May seem lonely or shy.

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of interpersonal relationships. May be actively disliked or virtually unknown by many with whom there is daily contact. Relationships are usually fraught with difficulty.

ADULT: Has difficulty making and keeping friends such that the relationships are strained or tenuous. Generally rejects or is rejected by co-workers; tenuous job relationships.

CHILD: Unable to attract friendships. Persistent quarreling or social withdrawal. Has not developed age social skills.

40 – 49 (Incapacitating): Serious disruption of interpersonal relationships or incapacitation of ability to form relationships. No close relationships; few, if any, casual associations which are satisfying.

ADULT: Socially extremely isolated. Argumentative style or extremely dependent style makes work relationships virtually impossible.

CHILD: Socially extremely isolated. Rejected, unable to attach to peers appropriately.

50 (EXTEME): Relationship formation does not appear possible at the time of the rating.

NOTE: Relationships with family members are reported in domain #5.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “No close relationships”.
- This domain scores only the person’s ability to make and maintain relationships outside of the family system- not the type of people they choose to have relationships with. If they are maintaining relationships with people who are getting them into trouble/putting them at risk, this may be a consideration for poor judgment when scoring in domain #2.

ROLE PERFORMANCE

1 – 9 (ABOVE AVERAGE): The relevant role is managed in a superior manner. All tasks are done effectively at or before the time expected. The efficiency of function is such that most of the tasks appear easier than for others of the same age, sex, culture, and role choice.

10 – 19 (AVERAGE): Reasonably comfortable and competent in relevant roles. The necessary tasks are accomplished adequately and usually within the expected time. There are occasional problems, but these are resolved and satisfaction is derived from the chosen role.

ADULT: Holds a job for several years, without major difficulty. Student maintains acceptable grades with minimum of difficulty. Shares responsibility in childcare. Home chores accomplished.

CHILD: Maintains acceptable grades and attendance. No evidence of behavior problems.

20 – 29 (Mild to Moderate): Occasional or mild disruption of role performance. Dysfunction may take the form of chronic, mild overall inadequacy or sporadic failures of a more dramatic sort. In any case, performance often falls short of expectation because of lack of ability or appropriate motivation.

ADULT: Unstable work history. Home chores frequently left undone; bills paid late.

CHILD: Poor grades in school. Frequent absences. Occasional disruptive behavior at school.

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of role performance. Contribution in the most relevant role is clearly marginal. Client seldom meets usual expectations and there is a high frequency of significant consequences, i.e. firing, suspension.

ADULT: Frequently in trouble at work, or frequently fired. Home chores ignored; some bills defaulted.

CHILD: Expelled from school. Constantly disruptive and unable to function in school.

40 – 49 (Incapacitating): Severe disruption of role performance due to serious incapacity or absent motivation. Attempts, if any, at productive functioning are ineffective and marked by clear failure.

ADULT: Client not employable. Is unable to comply with rules and regulations or fulfill ANY of the expectations of the client's current life circumstance.

CHILD: Expelled from school. Constantly disruptive and unable to function in school.

50 (EXTREME): Productive functioning of any kind is not only absent, but also inconceivable at the time of rating.

NOTE: Identify and assess only the customer's primary role. Family role would be described in domain #5. If residing in an RCF, RCF resident would be considered the primary role. Score functioning relative to others in the same life circumstance.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Attempts, if any, at productive functioning are ineffective and marked by clear failure".

SOCIO-LEGAL

1 – 9 (ABOVE AVERAGE): Almost conforms to rules and laws with ease, abiding by the “spirit” as well as the “letter” of the law. Any rate deviations from rules or regulations are for altruistic purposes.

10 – 19 (AVERAGE): No disruption of socio-legal functioning problems. Basically a law-abiding person. Not deliberately dishonest, conforms to most standards of relevant culture. Occasional breaking or bending of rules with no harm to others.

ADULT: No encounters with the law, other than minor traffic violations.

CHILD: Generally conforms to rules. Misbehavior is non-repetitive, exploratory or mischievous.

20- 29 (Mild to Moderate): Occasional or mild disruption of socio-legal functioning. Occasionally bends or violates rules or laws for personal gain, or convenience, when detection is unlikely and personal harm to others is not obvious. Cannot always be relied on; may be in some trouble with the law or other authority more frequently than most peers; has no conscious desire to harm others.

ADULT: Many traffic tickets. Creates hazard to others through disregard of normal safety practices.

CHILD: Disregards rules. May cheat or deceive for own gain

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of socio-legal functioning. Conforms to rules only when more convenient or profitable than violation. Personal gain outweighs concern for others leading to frequent and/or serious violation of laws and other codes. May be seen as dangerous as well as unreliable.

ADULT: Frequent contacts with the law, on probation, or paroled after being incarcerated for a felony. Criminal involvement. Disregard for safety of others.

CHILD: Unable to consider rights of others at age appropriate level. Shows little concern for consequences of actions. Frequent contact with the law. Delinquent type behaviors.

40 – 49 (Incapacitating): Serious disruption of socio-legal functioning. Actions are out of control without regard for rules and law. Seriously disruptive to society and/or pervasively dangerous to the safety of others.

ADULT: In confinement or imminent risk of confinement due to illegal activities. Imminent danger to others or property.

CHILD: In confinement or imminent risk of confinement due to delinquent acts.

50 (EXTREME): Total uncontrolled or antisocial behavior. Socially destructive and personally dangerous to almost all unguarded persons.

NOTE: Since danger to others is a clear component of scores of 30 and over, a clear statement as to the customer’s danger to others must be included in the request.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “In confinement or imminent risk of confinement” due to illegal activities/ delinquent acts.

SELF CARE/BASIC NEEDS

1 – 9 (ABOVE AVERAGE): Due to the fundamental nature of this realm of behavior, “above average” may be rated only where needs can be adequately and independently obtained in spite of some serious obstacle such as extreme age, serious physical handicap, severe poverty or social ostracism.

10 – 19 (AVERAGE): Customer is able to care for self and obtain or arrange for adequate meeting of all basic needs without undue effort.

ADULT: Able to obtain or arrange for adequate housing, food, clothing and money without significant difficulty. Has arranged dependable transportation.

CHILD: Able to care for self as well as most children of same age and developmental level.

20 – 29 (Mild to Moderate): Occasional or mild disruption of ability to obtain or arrange for adequate basic needs. Disruption is not life threatening, even if continued indefinitely. Needs can be adequately met only with partial dependence on illegitimate means, such as stealing, begging, coercion or fraudulent manipulation.

ADULT: Occasional assistance required in order to obtain housing, food and/or clothing. Frequently has difficulty securing own transportation. Frequently short of funds.

CHILD: More dependent upon family or others for self care than would be developmentally appropriate for age.

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of ability to obtain or arrange for at least some basic needs. Include denial of need for assistance or support, meeting needs wholly through illegitimate means. Unable to maintain hygiene, diet, clothing and/or prepare food.

ADULT: Considerable assistance required in order to obtain housing, food and/or clothing. Consistent difficulty in arranging for adequate finances. Usually depends on others for transportation. May need assistance in caring for self.

CHILD: Ability to care for self considerably below age and developmental expectation.

40 – 49 (Incapacitating): Severe disruption of ability to independently meet or arrange for the majority of basic needs by legitimate or illegitimate means. Unable to care for self in a safe and sanitary manner.

ADULT: Housing, food and/or clothing must be provided or arranged for by others. Incapable of obtaining any means of financial support. Totally dependent on others for transportation.

CHILD: Cannot care for self. Extremely dependent for age and developmental level.

50 (EXTREME): Person totally unable to meet or arrange for any basic needs. Would soon die without complete supportive care.

NOTE: When rating a child in this domain, rate on child’s functioning only, without regard to adequacy of parent’s provisions for basic needs. The developmental level of the child must also be considered.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “Severe disruption of ability to independently meet or arrange for the majority of basic needs by legitimate or illegitimate means”.

CAR ASSESSMENT GUIDE

The CAR Assessment Guide provides examples of questions you can ask for each CAR domain to help collect the information you need to determine the most accurate score.

CAR 1 *FEELING/MOOD/AFFECT*

- How have you been feeling (i.e., nervous, worried, depressed, angry)?
- What has your mood been like?
- How often do you feel this way and for how long?
- Has there been any change in your sleep habits over the past month?
- Has there been any change in your eating habits over the past month?
- Has there been anything bothering you over the past month? If yes, please explain.
- Have your feelings/mood been interfering with your relationships? If yes, please give specific examples and frequency of occurrence?
- Have your feelings/mood been interfering with your job? If yes, please give specific examples and frequency of occurrence?
- Have your feelings/mood been interfering with your ability to complete household responsibilities? If yes, please give specific examples and frequency of occurrence?
- Have you been told that you seem depressed, anxious, or overly sad during the last month?
- Have you felt like hurting yourself or others during the past month?

CAR 2 *THINKING/MENTAL PROCESS*

- Have you experienced any difficulties with your memory over the past month? If yes, please give specific examples and how difficulties have impacted daily functioning.
- Have you experienced any difficulties with concentration? If yes, please give specific examples and how difficulties have impacted daily functioning.
- Have you been told that you have a learning disability or do you think you have problems with learning or thinking? If yes, please give specific examples and how difficulties have impacted daily functioning during the past month.
- Have you had any recurring thoughts during the past month that bother you? If yes, please explain. Do these interfere with your daily functioning in any way? If yes, please give specific examples.
- Do you ever hear voices or see things that other people can't hear or see? If yes, please give specific examples. Has this occurred within the past month? If yes, how often has this occurred and for how long? Does this interfere with your daily functioning in any way? If yes, please give specific examples.
- Orientation questions:
 - Who am I?
 - Where are we?
 - Why are we here today?
 - What is today's date?
 - Who is the President of the United States?
- Have you had any thoughts that people are against you or are out to get you over the past month? If yes, please explain.
- Do you feel that you have used poor judgment in any of your decision making over the past month or has anyone told you that you were not using good judgment or making poor decisions? If yes, please explain. How is this impacting your life (give specific examples)?

- Does anyone ever tell you that they have problems understanding what you are trying to say? If yes, please explain. Has this occurred during the past month? If yes, how is this impacting your life (give specific examples)?

CAR 3 *SUBSTANCE USE*

- Have you used alcohol and/or other drugs during the last month? If yes,
 - What type(s) of substance was used?
 - How much have you used and how often?
 - What are some of the reasons you used?
 - How do you access the alcohol and/or other drugs (pay for them, trade favors, given to you, steal them)?
 - How has substance use impacted your daily functioning (relationships, work, household responsibilities, health)?
- Have you thought about using alcohol and/or other drugs during the past month? If yes,
 - What type(s) of substance have you thought about using?
 - How often do you think about using?
 - What do you do to keep from using (If attends AA/NA meetings how often)? How much time do you spend on these activities?
 - Do your thoughts of use and/or activities to avoid using negatively impact your daily functioning in any way (relationships, work, household responsibilities, health)? If yes, please give specific examples.

CAR 4 *MEDICAL/PHYSICAL*

- Do you have any current medical/physical conditions? If yes,
 - What type of medical/physical conditions do you have?
 - Do your conditions require special care (medication, diet, nursing care)? If yes, please specify.
 - Do your conditions currently impact your daily functioning (relationships, work, household responsibilities, self care)? If yes, please give specific examples and frequency of occurrence.
- Are you currently taking medication for medical/physical condition(s) and/or for psychiatric reasons? If yes,
 - What medication(s) are you taking?
 - At what dosage is your medication prescribed?
 - What condition/symptoms was your medication prescribed for?
 - Does your medication help reduce/control your symptoms?

CAR 5 *FAMILY*

- Do you live with family members? If yes,
 - Which family member or family members do you live with (parents, siblings, husband, children, partner)?
 - Are there any current problems at home? If yes, please give specific examples and frequency of problems.
 - How do you get along with the family member(s) you live with? If the answer is not well, then give specific examples and frequency.
 - How do family members treat you? If the answer is not well, then give specific examples and frequency.
- If you do not live with family members, do you live with a foster family? If yes,

- How do you get along with your foster family members (foster parents, foster siblings)? If the answer is not well, then give specific examples and frequency.
- How do foster family members treat you? If the answer is not well, then give specific examples and frequency.
- Are there any current problems at home? If yes, please give specific examples and frequency.
- Do you have any visitation with your biological family? If yes, what type of contact (phone, supervised, etc.), frequency and duration of contact? Was the interaction positive? If no, please give specific examples of what made the interaction negative.
- If you do not live with family members, have you had contact with any family members during the past month? If yes,
 - What type of contact have you had (phone, in-person)?
 - How often was the contact and what was the duration of contact?
 - Was the interaction positive? If no, please give specific examples.

CAR 6 *INTERPERSONAL*

- Do you have any close friends? If yes,
 - How many close friends do you have?
 - What makes them a close friend?
 - How long have you been close friends? If not long, have you had many long-term friendships? If no, what do you think interferes with maintaining long-term friendships?
 - How much and what type of contact (phone, in person) have you had with your close friend(s) during the past month? Is this less or more contact than you usually have?
 - How have you been getting along with your close friends during the past month? If not well, please give specific examples and frequency.
- If no,
 - If you have no close friends, would you like some? If yes, what are some of the things that might be interfering with you achieving this?
- Do you find it easy to make friends? If no, what makes it hard?
- How are your relationships at Work/School/Day Care/ Day Program? Have you had any conflicts during the last month? If yes, please give specific examples and frequency.
- Do you find the friendships you have to be satisfying? If no, please explain.

CAR 7 *ROLE PERFORMANCE*

- Are you currently employed? If yes,
 - How long have you worked there?
 - How do you like your job?
 - Do you have any current problems at work? If yes, give specific examples of type of problem(s), and frequency of problems?
 - Are you currently at risk of losing your job?
- Are you currently a student? If yes,
 - Do you like school?
 - What kind of grades do you make? If poor grades, why?
 - How do you get along with your teachers?
 - Do you ever get in trouble at school? If yes, what for and how often?
 - Have you been suspended or expelled during the past month?
- Are you currently responsible for managing your home? If yes,

- Have you paid your bills on time during the past month? If not, how late were/are bills, and have there been any consequences for paying late (utilities turned off or current cut-off notice, recent eviction or current eviction notice)?
- Are you able to keep your house clean? If no, give specific example of how dirty, frequency, current obstacles to keeping a clean house, and any consequences that have occurred (poor health, letter from landlord, eviction notice).
- Do you have any children living in your home? If yes, are you able to adequately care for them (prepare and serve nutritious meals, maintain a safe and sanitary living environment, meet their basic needs)?
- Do you have any other responsibilities? If yes,
 - What are your responsibilities in your family and/or at your house (this would also include Nursing Home, RCF, or ICFMR)?
 - Do you always fulfill all of your responsibilities? If no, please give specific examples of when you have not fulfilled your responsibilities, how often this occurs, any consequences that have occurred, and possible reasons for not fulfilling responsibilities.

CAR 8 SOCIO-LEGAL

- Would other people say you are an honest person? If no, please explain.
- Have you broken a law or been accused of breaking a law within the last month? If yes, please give specific examples and include frequency of occurrence and any consequence that may have occurred as a result.
- Have you broken any rules or been accused of breaking the rules during the last month (at home, work, school, treatment, etc.)? If yes, please give specific examples and include frequency of occurrence and any consequence that may have occurred as a result.
- Have you hurt anyone during the past month (family member, friend, stranger, animals, etc.)? If yes, please explain.
- Do you think of yourself, or do others see you, as dangerous?
- Are you currently on probation or parole? If yes, have you been meeting the requirements of your probation or parole during the past month?

CAR 9 SELF CARE/BASIC NEEDS

Age 18 or Over

- If you are age 18 or older, do you currently arrange for your own housing, food (purchasing and preparing), clothing (purchasing and maintaining/laundry), money, transportation without difficulty? If no,
 - What areas are you unable to arrange for or having difficulty with?
 - Please give some specific examples of the difficulties you are having?
 - How often do these difficulties occur?
 - Have you received any assistance from anyone to help arrange for these things within the last month? If yes, please explain the type and amount of assistance.
- If you are taking medication, are you taking it as prescribed? If no, please explain.
- If on a special diet (diabetes, etc.), are you following your dietary requirements? If no, please explain.
- *Observe for Hygiene maintenance*

Under age 18

For children under the age of 18, questions should be asked based on the developmental appropriateness for the age group of the child being assessed. It is recommended that the clinician have a resource available reflecting the appropriate developmental expectations for each age group, and that this information be utilized to help structure questions and assess client abilities based on age expectation.

Addiction Severity Index (ASI)

The Addiction Severity Index (ASI) was developed in 1980 by A. Thomas McLellan Ph.D. as an interview tool for substance-dependent patients. The ASI was originally created to evaluate outcomes for several different substance abuse programs. In hopes of being able to capture any possible outcome information the tool was designed to cover a broad range of potential areas that the treatment may have affected. For this reason the instrument measures seven different problem areas (listed below) and the clinician assigns a severity score to each problem area following the completion of the structured interview. Each problem area receives a severity score from 0 to 9 with 9 being the most severe.

Problem Areas

- Medical Status
- Employment/Support Status
- Alcohol
- Drugs
- Legal Status
- Family/Social Relationships
- Psychiatric Status

Prior to administering this instrument clinicians must complete the ASI training, which is offered by the Oklahoma Department of Mental Health and Substance Abuse Services. The ASI is designed for adults age eighteen (18) and above and is not to be used with adolescents.

Teen Addiction Severity Index (T-ASI)

The Teen Addiction Severity Index (T-ASI) was developed in 1992 by Yifrah Kaminer, M.D. The tool is designed as a brief structured interview to provide information about aspects of an adolescent's life that may contribute to his/her substance abuse issues. The T-ASI is a modified version of the ASI described in the above section. The questions and categories being assessed were changed to better fit with this population. This instrument may be administered separately to both the adolescent and their parent. The T-ASI was designed to be a first step in developing a member profile that can be used for both research and treatment. The instrument is also designed as a follow up to treatment to help measure the progress a member has made after completing treatment. The T-ASI has six problem areas that are rated from 0 to 4 with 4 being the most severe.

Problem Areas

- Chemical (Substance) Use
- School Status
- Employment/Support Status
- Family Relations
- Peer/Social Relationships
- Legal Status
- Psychiatric Status

Prior to administering this instrument clinicians must complete the T-ASI training, which is offered by the Oklahoma Department of Mental Health and Substance Abuse Services. The T-ASI is designed for children age twelve (12) through seventeen (17).

OUTPATIENT LEVELS OF CARE REQUIREMENTS (At a Glance)

PREVENTION AND RECOVERY MAINTENANCE		Monthly Caps: Adult- \$367 Child- \$431
MH	SA	
Diagnostic Requirements: <ul style="list-style-type: none"> a. Axis I primary diagnosis: <ul style="list-style-type: none"> • Prevention – may include 799.9 Deferred Diagnosis or Provisional Diagnosis • Recovery Maintenance – excludes 799.9 Deferred Diagnosis and Provisional Diagnosis b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence) 	Diagnostic Requirements: <ul style="list-style-type: none"> a. Axis I Substance-Related Disorder 	
CAR Scores must be listed	ASI or T-ASI Scores must be listed. For Integrated, the CAR Scores must be listed in addition to the ASI or T-ASI.	
LEVEL ONE		Monthly Caps: Adult- \$495.00 Child- \$623.00
MH	SA	
Diagnostic Requirements: <ul style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence) 	Diagnostic Requirements: <ul style="list-style-type: none"> a. Axis I Substance-Related Disorder 	
CAR Scores (a minimum of the following): <ul style="list-style-type: none"> a. 20-29 in 4 domains (Domains 1-9); or b. 30-39 in 2 domains (Domains 1-9); or c. 20-29 in 3 domains and 30-39 in 1 or more domains (Domains 1-9). 	<u>ASI Scores:</u> <ul style="list-style-type: none"> a. 4 or above in 2 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> <ul style="list-style-type: none"> a. 2 or above in 3 areas, must include at least a 2 in Chemical Use Problem Area <u>CAR Scores (if Integrated):</u> <ul style="list-style-type: none"> a. 20-29 in 3 domains (Domains 1-9); or b. 30-39 in 2 domains (Domains 1-9); or c. 20-29 in 2 domains and 30-39 in 1 or more domains (Domains 1-9). 	
LEVEL TWO		Monthly Caps: Adult- \$665.00 Child- \$815.00
MH	SA	
Diagnostic Requirements:	Diagnostic Requirements:	

<ul style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence) 	<ul style="list-style-type: none"> a. Axis I Substance-Related Disorder
<p>CAR Scores (a minimum of the following):</p> <ul style="list-style-type: none"> a. 30-39 in 3 domains (Domains 1-9); or b. 40-49 in 1 domain (Domains 1-9). 	<p><u>ASI Scores:</u></p> <ul style="list-style-type: none"> a. 5 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <p><u>T-ASI:</u></p> <ul style="list-style-type: none"> a. 3 or above in 2 areas, must include at least a 2 in Chemical Use Problem Area; or b. 4 in 1 area, must include at least a 2 in Chemical Use Problem Area. <p><u>CAR Scores</u> (if Integrated): Same as MH requirements</p>
<p>LEVEL THREE <u>Monthly Caps:</u> Adult- \$867.00 Child- \$867.00</p>	
<p>MH</p>	<p>SA</p>
<p>Diagnostic Requirements:</p> <ul style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence) 	<p>Diagnostic Requirements:</p> <ul style="list-style-type: none"> a. Axis I Substance-Related Disorder
<p>CAR Scores (a minimum of the following):</p> <ul style="list-style-type: none"> a. 30-39 in 4 domains with 2 domains being in 1, 6, 7, or 9 (Domains 1-9); or b. 40-49 in 2 domains with 1 domain in 1, 6, 7, or 9 (Domains 1-9); or c. 30-39 in 2 domains and 40-49 in 1 domain with either the 40 or 2 of the 30's being in domains 1, 6, 7, or 9 	<p><u>ASI Scores:</u></p> <ul style="list-style-type: none"> a. 6 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <p><u>T-ASI:</u></p> <ul style="list-style-type: none"> a. 3 or above in 3 areas, must include at least a 2 in Chemical Use Problem Area; or b. 4 in 2 areas, must include at least a 2 in Chemical Use Problem Area <p><u>CAR Scores</u> (if Integrated): Same as MH requirements</p>
<p>LEVEL FOUR <u>Monthly Caps:</u> Adult- \$1,171.00 Child- \$1,171.00</p>	
<p>MH</p>	<p>SA</p>
<p>Diagnostic Requirements:</p> <ul style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable 	<p>Diagnostic Requirements:</p> <ul style="list-style-type: none"> a. Axis I Substance-Related Disorder

<p>including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis.</p> <p>b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence)</p>	
<p>CAR Scores (a minimum of the following):</p> <p><u>Adult-</u></p> <p>a. 40 in 4 domains, with 1 being 1, 6, 7, or 9</p> <p><u>Child-</u></p> <p>a. 40 in 3 domains, with 1 being in 1, 6, 7, or 9</p>	<p><u>ASI Scores:</u></p> <p>a. 7 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area</p> <p><u>T-ASI:</u></p> <p>a. 4 in 3 areas, must include at least a 2 in Chemical Use Problem Area</p> <p><u>CAR Scores</u> (if Integrated): Same as MH requirements</p>

DOCUMENTATION

GUIDELINES FOR CLINICAL DOCUMENTATION

ASSESSMENT

Mental Health Providers

All programs shall complete a comprehensive clinical assessment which gathers sufficient information to assist the consumer in developing an individualized service plan. The program shall develop a psychological-social evaluation which contains, but is not limited to the following assessment areas:

- 1) Psychiatric history;
- 2) Health status;
- 3) Social development and functioning;
- 4) Family and relationships;
- 5) Alcohol and drug use history;
- 6) Education and employment;
- 7) Current living situation;
- 8) Assessment summary and diagnosis;
- 9) Signature and credentials of the assessor and date of the assessment;
- 10) Signature of customers age 14 and older, and signature of parent or guardian as applicable.

Substance Abuse Providers

Upon determination of appropriate admission, consumer assessment demographic information should contain but not be limited to the following:

- 1) Date of initial contact requesting services;
- 2) Date of the intake;
- 3) Consumer's name;
- 4) Gender;
- 5) Birth date;
- 6) Home address;
- 7) Telephone number;
- 8) Referral source;
- 9) Reason for referral;
- 10) Significant other to be notified in case of emergency; and
- 11) PICIS intake data core content, if the facility reports on PICIS.

All programs should complete a biopsychosocial assessment which gathers sufficient information to assist the consumer in developing an individualized service plan. The program should develop a biopsychosocial evaluation which contains, but is not limited to the following:

- 1) Identification of the consumer's strengths, needs, abilities, and preferences;
- 2) History of the presenting problem;
- 3) Previous treatment history, to include mental health and substance-related and addictive disorders;
- 4) Health history and current biomedical conditions and complications;
- 5) History of substance use including past treatment, and history of other behavioral addictions and past treatment;

- 6) History of trauma;
- 7) Family and social history, including family history of alcohol and drug use;
- 8) Educational attainment, difficulties, and history;
- 9) Cultural and religious orientation;
- 10) Vocational, occupational and military history;
- 11) Sexual history, including HIV, AIDS and STD at-risk behaviors;
- 12) Marital or significant other relationship history;
- 13) Recreational and leisure history;
- 14) Legal history;
- 15) Present living arrangement;
- 16) Economic resources;
- 17) Level of functioning;
- 18) Current support system including peer and other recovery supports;
- 19) Current medications, if applicable, and shall include obtainable information regarding the name of prescribing physician, name of medication, strength and dosage, and length of time consumer was on the medication;
- 20) Consumer's expectations in terms of service; and
- 21) Assessment summary or diagnosis, and signature of the assessor and date of the assessment.

SERVICE PLAN

Comprehensive service plan contents should address the following:

- 1) Consumer strengths, needs, abilities, and preferences;
- 2) Identified presenting challenges, needs and diagnosis;
- 3) Goals for treatment with specific, measurable, attainable, realistic and time limited objectives;
- 4) Type and frequency of services to be provided;
- 5) Description of consumer's involvement in, and response to, the service plan, and his or her signature and date;
- 6) The practitioner(s) name and credentials who will be providing the services identified in the service plan;
- 7) Specific discharge criteria (for SA providers, includes criteria which may be stated in the ASAM PPC); and
- 8) Dated signatures for the consumer and/or parent/guardian as applicable, and the primary service practitioner.

Service plan updates should address the following:

- (1) Progress on previous service plan goals and/or objectives;
- (2) A statement documenting a review of the current service plan and an explanation if no changes are to be made to the service plan;
- (3) Change in goals and/or objectives based upon consumer's progress or identification of new needs, and challenges;
- (4) Change in frequency and/or type of services provided;
- (5) Change in practitioner(s) who will be responsible for providing services on the plan;
- (6) Change in discharge criteria; and
- (7) Dated signatures for the consumer and/or parent/guardian as applicable, and the primary service practitioner.

PROGRESS NOTES

Progress notes, except for in PSR programs, should address the following:

- (1) Date;
- (2) Person(s) to whom services were rendered;
- (3) Start and stop time for each timed treatment session or service;
- (4) Signature of the service provider;
- (5) Credentials of the service provider;
- (6) Specific service plan need(s), goals and/or objectives addressed;
- (7) Services provided to address need(s), goals and/or objectives;
- (8) Progress or barriers to progress made in treatment as it relates to the goals and/or objectives;
- (9) Consumer (and family, when applicable) response to the session or service provided; and
- (10) Any new need(s), goals and/or objectives identified during the session or service.

Progress notes for PSR programs should address the following:

- (1) Date attended, or date(s) attended during the week for a weekly summary note;
- (2) Start and stop time(s) for each day attended;
- (3) Specific goal(s) and/or objectives addressed during the day or during the week;
- (4) Type of skills training provided during the day or during the week;
- (5) Consumer satisfaction with staff intervention(s);
- (6) Progress, or barriers to progress, made toward goals and objectives;
- (7) Any new goal(s) or objective(s) identified during the day or during the week;
- (8) Signature of the lead psychiatric rehabilitation practitioner; and
- (9) Credentials of the lead psychiatric rehabilitation practitioner.

Progress notes should be documented according to the following time frames:

- (1) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments;
- (2) Community living program staff shall complete a summary note monthly identifying the name of the person served and the day(s) the person received the service;
- (3) Inpatient: nursing service is to document on each shift. Each member of the treatment team shall write a weekly progress note for the first two months and monthly thereafter; and
- (4) PSR staff must maintain a daily, member sign-in/sign-out record of member attendance, and shall write a progress note daily or a summary progress note weekly.

In addition:

- (1) Crisis Intervention Service notes must also include a detailed description of the crisis and level of functioning assessment;
- (2) A list/log/sign in sheet of participants for each group rehabilitative or psychotherapy session and facilitating staff must be maintained; and
- (3) For medication training and support, vital signs must be recorded in the medical record, but are not required on the behavioral health services plan.

PA Procedures

- A. The procedural manual for Prior Authorization (PA) of services can be located at: <http://www.odmhsas.org/arc.htm>
- B. **For any PA issues/questions**, providers may call the ODMHSAS PICIS Helpdesk at (405) 521-6444. This could include assistance with completing a request for authorization, a PA adjustment or other questions regarding the PA process.

BILLING PROCEDURES

A. [OKMMIS Provider Billing & Procedure Manual](#)

B. [On the web/Secure Site](#)

Medicaid on the Web is the OHCA's secure Web site, offering providers, both SoonerCare and ODMHSAS, a number of services from submitting claims on the Web to fast verification of claim status. New providers are assigned a PIN to access the Web site.

To access the page, go to www.okhca.org, click on the Provider tab and choose Secure Site from the drop-down menu. For more information on logging in for the first time and entering the secure site, look under the Help tab on the Web site. Medicaid on the Web is available from 5 to 1 a.m.

C. Available Services on the OHCA Secure Web Site (SoonerCare Provider Portal)

The following services are available to Medicaid on the Web users:

- Global messaging (can be specific to one or all providers).
- Claims submission.
- Claims inquiry.
- Procedure pricing with current rates.
- Financial warrant amount.
- Eligibility verification.
- Add DMHSAS eligibility for DMHSAS consumers.
- Managed Care rosters.
- Budget information by contract source.
- Add/remove agency rendering providers.
- Change agency demographic information.
- Prior authorization inquiry.

D. HP Field Consultants

The Oklahoma Health Care Authority (OHCA) is the state agency responsible for the administration of the Oklahoma Medicaid program. The OHCA has a contractual agreement with Electronic Data Systems (HP) to be the fiscal agent for the Oklahoma Medicaid program.

HP has a team of regional field consultants with knowledge of Oklahoma SoonerCare and ODMHSAS billing requirements and claim-processing procedures. Training is offered on billing, eligibility verification system, Electronic Data Interchange (EDI) and Medicaid SoonerCare Programs.

Field consultants provide training through on-site visits and workshops. They encourage providers to use electronic claim submission because it's fast, easy to use and saves money.

The focus of a field consultant is to

1. train newly enrolled providers;
2. contact and visit high-volume providers; and
3. conduct provider training workshops.

Providers may contact their field consultant by telephone to request a visit for training at the provider's location. Field consultants are responsible for arranging their own schedules. They are available Tuesday through Thursday for onsite provider visits. Provider on-site visits are normally scheduled two weeks in advance. Since field consultants are often out of the office, please allow a minimum of 48 hours for telephone calls to be returned.

E. ODMHSAS Generic Services

When billing ODMHSAS generic service codes, the diagnostic codes that can be used when filling a claim are as follows: 799.90, V65.5, or V71.9 (be sure to enter them without the period).

NOTE: For SoonerCare or ODMHSAS claim research, contact the OHCA (HP) Call Center at 800-522-0114 or 405-522-6205. Field consultants are the last resource for any claim inquiry questions.

ODMHSAS RATE SHEETS

ODMHSAS RATE SHEET (by service category)

SERVICE		BILLING CODE	RATE/UNIT			
Academic Services						
Day School	SA	T1018 HF	\$5.00 / 1 hour			
Case Management Services						
Case Management Services	MH	Outpatient	LBHP	T1017 HE, HO	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	LBHP	T1017 HE, HO, HK	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN, HK	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes	
		Wraparound Facilitation (SOC)	LBHP Wraparound Facilitator	T1016 HE, HO	\$21.61 / 15 minutes	
			BHCM II or CADC Wraparound Facilitator	T1016 HE, HN	\$16.21 / 15 minutes	
		Custody Kids (SOC)	LBHP	T2022 HE, HO	\$21.61 / 15 minutes	
			BHCM II or CADC	T2022 HE, HN	\$16.21 / 15 minutes	
		Transitional	LBHP	T1017 HE, HO, TG	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN, TG	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM, TG	\$16.38 / 15 minutes	
		Transitional Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HE, HO, TG	\$21.61 / 15 Minutes	
			BHCM II or CADC, Wraparound Facilitator	T1016 HE, HN, TG	\$16.21 / 15 Minutes	
		Community Support Services PA Group Only	Outpatient	LBHP	T1017 HE, HO, U1	\$16.38 / 15 minutes
				BHCM II or CADC	T1017 HE, HN, U1	\$16.38 / 15 minutes
				BHCM I	T1017 HE, HM, U1	\$16.38 / 15 minutes

SERVICE			BILLING CODE	RATE/UNIT		
		Outpatient in inpatient setting	LBHP	T1017 HE, HO, HK, U1	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN, HK, U1	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM, HK, U1	\$16.38 / 15 minutes	
	SA	Outpatient	LBHP	T1017 HF, HO	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HF, HN	\$16.38 / 15 minutes	
			BHCM I	T1017 HF, HM	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	LBHP	T1017 HF, HO, HK	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HF, HN, HK	\$16.38 / 15 minutes	
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes	
		Wraparound Facilitation (SOC)	LBHP Wraparound Facilitator	T1016 HF, HO	\$21.61 / 15 minutes	
			BHCM II or CADC Wraparound Facilitator	T1016 HF, HN	\$16.21 / 15 minutes	
		Custody Kids (SOC)	LBHP	T2022 HF, HO	\$21.61 / 15 minutes	
			BHCM II or CADC	T2022 HF, HN	\$16.21 / 15 minutes	
		Transitional	LBHP	T1017 HF, HO, TG	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HF, HN, TG	\$16.38 / 15 minutes	
			BHCM I	T1017 HF, HM, TG	\$16.38 / 15 minutes	
		Transitional Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HF, HO, TG	\$21.61 / 15 Minutes	
			BHCM II or CADC, Wraparound Facilitator	T1016 HF, HN, TG	\$16.21 / 15 Minutes	
		Ambulatory Detox	Outpatient	LBHP	T1017 HF, HO, HB	\$16.38 / 15 minutes
				BHCM II or CADC	T1017 HF, HN, HB	\$16.38 / 15 minutes
				BHCM I	T1017 HF, HM, HB	\$16.38 / 15 minutes

SERVICE				BILLING CODE	RATE/UNIT
	GA	Outpatient	LBHP	T1017 HV, HO	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HV, HN	\$16.38 / 15 minutes
			BHCM I	T1017 HV, HM	\$16.38 / 15 minutes
		Outpatient in inpatient setting	LBHP	T1017 HV, HO, HK	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HV, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HV, HM, HK	\$16.38 / 15 minutes
Case Management Travel Component	MH		S0215 HE	\$16.38 / 15 minutes	
		<i>Community Support Services PA Group Only</i>	S0215 HE, U1	\$16.38 / 15 minutes	
	SA		S0215 HF	\$16.38 / 15 minutes	
	GA		S0215 HV	\$16.38 / 15 minutes	
	SOC		S0215 HE, HA	\$16.38 / 15 minutes	
Customer Advocacy	MH		H0006 HE, TF	\$12.50 / 15 minutes	
	SA		H0006 HF, TF	\$12.50 / 15 minutes	
	GA		H0006 HV, TF	\$12.50 / 15 minutes	
Customer Follow-Up Services	MH	1) & 2)	H0006 HE	\$0.83 / 1 minute	
		<i>1) & 2) Community Support Services PA Group Only</i>	H0006 HE, U1	\$0.83 / 1 minute	
		3)	H0006 HE, TG	\$0.83 / 1 minute	
		<i>3) Community Support Services PA Group Only</i>	H0006 HE, TG, U1	\$0.83 / 1 minute	
	SA	1) & 2)	H0006 HF	\$0.83 / 1 minute	
		3)	H0006 HF, TG	\$0.83 / 1 minute	
	GA		H0006 HV	\$12.50 / 15 minutes	
	Home and Community Based Travel	MH		S0215 HE, TG	\$16.38 / 15 minutes
SA			S0215 HF, TG	\$10.00 / 15 minutes	
GA			S0215 HV, TG	\$16.38 / 15 minutes	
SOC		FT&S	S0215 HE, HA, TG	\$9.75 / 15 minutes	
		BHA	S0215 HE, HA, TF	\$7.77 / 15 minutes	
Clinical Testing Services					
Clinical Testing	MH		96101 HE, HP	\$73.28 / 1 hour	
	MH (SA)		96101 HF, HP	\$73.28 / 1 hour	
Consultation, Education, Training, and System Support Services					
Consultation	MH		99368 HE, TG	\$0.00 / 15 minutes	
	SA		99368 HF, TG	\$7.00 / 15 minutes	
	GA		99368 HV, TG	\$7.00 / 15 minutes	
Education	MH		97537 HE, TF	\$0.00 / 15 minutes	
Intra-Agency Clinical Consultation	MH		99368 HE	\$5.00 / 15 minutes	

SERVICE		BILLING CODE		RATE/UNIT	
System Support	MH	99368 HE, TF		\$0.00 / 15 minutes	
Training	MH	97537 HE		\$0.00 / 15 minutes	
	SA	97537 HF		\$7.00 / 15 minutes	
Treatment Team Meeting	SA	99368 HF		\$7.00 / 15 minutes	
	GA	99368 HV		\$7.00 / 15 minutes	
	Prison Related (RSAT, RSAT aftercare & SPTU)		99368 HF, QJ		\$5.00 / 15 minutes
Court Related Services					
Competency Evaluation	MH	H2000 HE, H9		\$33.77 / 30 minutes	
Court Related Services	MH	H0006 HE, H9		\$13.75 / 15 minutes	
	SA	H0006 HF, H9		\$13.75 / 15 minutes	
Divorce Visitation Arbitration Services	MH	H0022 HE		\$8.25 / 15 minutes	
Crisis Intervention Services					
Crisis Intervention Counseling	MH	Face to Face		H2011 HE	\$27.86 / 15 minutes
		Telephone		H0030 HE	\$19.50 / 15 minutes
		Telemedicine		H2011 HE, GT	\$27.86 / 15 minutes
		Telemedicine Originating Site Fee		Q3014 HE	\$23.35 /Event
	Community Support Services PA Group Only	Face to Face		H2011 HE, U1	\$27.86 / 15 minutes
		Telephone		H0030 HE, U1	\$19.50 / 15 minutes
		Telemedicine		H2011 HE, GT, U1	\$27.86 / 15 minutes
		Telemedicine Originating Site Fee		Q3014 HE, U1	\$23.35 /Event
	SA	Face to Face	LBH P	H2011 HF	\$27.86 / 15 minutes
		Telephone	LBH P	H0030 HF	\$19.50 / 15 minutes
		Telemedicine- LBHP		H2011 HF, GT	\$27.86 / 15 minutes
		Telemedicine Originating Site Fee		Q3014 HF	\$23.35 /Event
	Ambulatory Detox	Face to Face	LBH P	H2011 HF, HB	\$27.86 / 15 minutes
		Telemedicine- LBHP		H2011 HF, HB, GT	\$27.86 / 15 minutes
		Telemedicine Originating Site Fee		Q3014 HF, HB	\$23.35 /Event

SERVICE				BILLING CODE	RATE/UNIT	
	GA	Face to Face	LBHP	H2011 HV	\$27.86 / 15 minutes	
		Telephone	LBHP	H0030 HV	\$19.50 / 15 minutes	
		Telemedicine	LBHP	H2011 HV, GT	\$27.86 / 15 minutes	
		Telemedicine Originating Site Fee		Q3014 HV	\$23.35 /Event	
Employment Services						
Employment Training	MH			H2025 HE	\$8.44 / 30 minutes	
		<i>Community Support Services PA Group Only</i>		H2025 HE, U1	\$8.44 / 30 minutes	
Job Retention Support	MH			H2026 HE	\$420.00 / 3 months	
		<i>Community Support Services PA Group Only</i>		H2026 HE, U1	\$420.00 / 3 months	
Prevocational Services	MH			H2014 HE, TF	\$8.44 / 30 minutes	
		<i>Community Support Services PA Group Only</i>		H2014 HE, TF, U1	\$8.44 / 30 minutes	
	SA			H2014 HF, TF	\$8.44 / 30 minutes	
Vocational Services	MH			H2014 HE	\$8.44 / 30 minutes	
		<i>Community Support Services PA Group Only</i>		H2014 HE, U1	\$8.44 / 30 minutes	
Medication Services						
Medication Training and Support	MH			H0034 HE	\$23.64 / 15 minutes	
	SA	Ambulatory Detox		H0034 HF, HB	\$23.64 / 15 minutes	
Evaluation and Management (E&M)	MH	New Patient		99201 HE	\$38.46 / Visit	
				99202 HE	\$65.84 / Visit	
				99203 HE	\$95.77 / Visit	
				99204 HE	\$146.97 / Visit	
				99205 HE	\$182.72 / Visit	
				Telemedicine	99201 HE, GT	\$38.46 / Visit
				99202 HE, GT	\$65.84 / Visit	
				99203 HE, GT	\$95.77 / Visit	
				99204 HE, GT	\$146.97 / Visit	
				99205 HE, GT	\$182.72 / Visit	

SERVICE			BILLING CODE	RATE/UNIT	
	Established Patient		99211 HE	\$17.72 / Visit	
			99212 HE	\$38.46 / Visit	
			99213 HE	\$64.62 / Visit	
			99214 HE	\$95.18 / Visit	
			99215 HE	\$127.78 / Visit	
		Telemedicine	99211 HE, GT	\$17.72 / Visit	
			99212 HE, GT	\$38.46 / Visit	
			99213 HE, GT	\$64.62 / Visit	
			99214 HE, GT	\$95.18 / Visit	
			99215 HE, GT	\$127.78 / Visit	
	Telemedicine Originating Site Fee		Q3014 HE	\$23.35 /Event	
	With Psychotherapy Add On		90833 HE	\$38.36 / 15 Minutes	
	SA	New Patient		99201 HF	\$38.46 / Visit
				99202 HF	\$65.84 / Visit
				99203 HF	\$95.77 / Visit
				99204 HF	\$146.97 / Visit
				99205 HF	\$182.72 / Visit
			Telemedicine	99201 HF, GT	\$38.46 / Visit
				99202 HF, GT	\$65.84 / Visit
				99203 HF, GT	\$95.77 / Visit
				99204 HF, GT	\$146.97 / Visit
				99205 HF, GT	\$182.72 / Visit
			Ambulatory Detox	99201 HF, HB	\$38.46 / Visit
				99202 HF, HB	\$65.84 / Visit
				99203 HF, HB	\$95.77 / Visit
				99204 HF, HB	\$146.97 / Visit
				99205 HF, HB	\$182.72 / Visit
Ambulatory Detox-Telemedicine			99201 HF, HB, GT	\$38.46 / Visit	
			99202 HF, HB, GT	\$65.84 / Visit	
			99203 HF, HB, GT	\$95.77 / Visit	
		99204 HF, HB, GT	\$146.97 / Visit		
		99205 HF, HB, GT	\$182.72 / Visit		
Established Patient			99211 HF	\$17.72 / Visit	
			99212 HF	\$38.46 / Visit	
			99213 HF	\$64.62 / Visit	
			99214 HF	\$95.18 / Visit	
			99215 HF	\$127.78 / Visit	
		Telemedicine	99211 HF, GT	\$17.72 / Visit	
			99212 HF, GT	\$38.46 / Visit	
	99213 HF, GT		\$64.62 / Visit		
	99214 HF, GT		\$95.18 / Visit		
	99215 HF, GT		\$127.78 / Visit		
	Ambulatory Detox	99211 HF, HB	\$17.72 / Visit		
		99212 HF, HB	\$38.46 / Visit		
99213 HF, HB		\$64.62 / Visit			
99214 HF, HB		\$95.18 / Visit			
99215 HF, HB		\$127.78 / Visit			

SERVICE			BILLING CODE	RATE/UNIT	
		Ambulatory Detox- Telemedicine	99211 HF, HB, GT	\$17.72 / Visit	
			99212 HF, HB, GT	\$38.46 / Visit	
			99213 HF, HB, GT	\$64.62 / Visit	
			99214 HF, HB, GT	\$95.18 / Visit	
			99215 HF, HB, GT	\$127.78 / Visit	
		Telemedicine Originating Site Fee With Psychotherapy Add On	Q3014 HF	\$23.35 /Event	
	GA	New Patient		99201 HV	\$38.46 / Visit
				99202 HV	\$65.84 / Visit
				99203 HV	\$95.77 / Visit
				99204 HV	\$146.97 / Visit
				99205 HV	\$182.72 / Visit
			Telemedicine	99201 HV, GT	\$38.46 / Visit
				99202 HV, GT	\$65.84 / Visit
				99203 HV, GT	\$95.77 / Visit
				99204 HV, GT	\$146.97 / Visit
				99205 HV, GT	\$182.72 / Visit
		Established Patient		99211 HV	\$17.72 / Visit
				99212 HV	\$38.46 / Visit
				99213 HV	\$64.62 / Visit
				99214 HV	\$95.18 / Visit
				99215 HV	\$127.78 / Visit
			Telemedicine	99211 HV, GT	\$17.72 / Visit
				99212 HV, GT	\$38.46 / Visit
				99213 HV, GT	\$64.62 / Visit
	99214 HV, GT			\$95.18 / Visit	
	99215 HV, GT			\$127.78 / Visit	
	Telemedicine Originating Site Fee With Psychotherapy Add On	Q3014 HV	\$23.35 /Event		
	CO	New Patient		99201 HH	\$38.46 / Visit
				99202 HH	\$65.84 / Visit
				99203 HH	\$95.77 / Visit
				99204 HH	\$146.97 / Visit
				99205 HH	\$182.72 / Visit
Telemedicine			99201 HH, GT	\$38.46 / Visit	
			99202 HH, GT	\$65.84 / Visit	
			99203 HH, GT	\$95.77 / Visit	
			99204 HH, GT	\$146.97 / Visit	
			99205 HH, GT	\$182.72 / Visit	
Established Patient			99211 HH	\$17.72 / Visit	
			99212 HH	\$38.46 / Visit	
			99213 HH	\$64.62 / Visit	
			99214 HH	\$95.18 / Visit	
		99215 HH	\$127.78 / Visit		

SERVICE			BILLING CODE	RATE/UNIT
		Telemedicine	99211 HH, GT	\$17.72 / Visit
			99212 HH, GT	\$38.46 / Visit
			99213 HH, GT	\$64.62 / Visit
			99214 HH, GT	\$95.18 / Visit
			99215 HH, GT	\$127.78 / Visit
		Telemedicine Originating Site Fee	Q3014 HH	\$23.35 /Event
Psychiatric Diagnostic Evaluation	MH	With Medical Services	90792 HE	\$116.44 / Event
		With No Medical Services	90791 HE	\$137.66 / Event
	SA	With Medical Services	90792 HF	\$116.44 / Event
		With No Medical Services	90791 HF	\$137.66 / Event
	GA	With Medical Services	90792 HV	\$116.44 / Event
		With No Medical Services	90791 HV	\$137.66 / Event
CO	With Medical Services	90792 HH	\$116.44 / Event	
	With No Medical Services	90791 HH	\$137.66 / Event	
Tobacco Cessation Counseling-Physician	MH	3-10 minutes	99406 HE	\$12.47/event
		Over 10 minutes	99407 HE	\$24.03/event
	SA	3-10 minutes	99406 HF	\$12.47/event
		Over 10 minutes	99407 HF	\$24.03/event
	Ambulatory Detox	3-10 minutes	99406 HF, HB	\$12.47/event
		Over 10 minutes	99407 HF, HB	\$24.03/event
Outreach and Prevention Services				
Community Outreach	MH		H0023 HE	\$20.00 / 30 minutes
		<i>Community Support Services PA Group Only</i>	H0023 HE, U1	\$20.00 / 30 minutes
	SA		H0023 HF	\$20.00 / 30 minutes
	GA		H0023 HV	\$20.00 / 30 minutes
Intensive Outreach	MH		H0023 HE, TF	\$10.00 / 15 minutes
		<i>Community Support Services PA Group Only</i>	H0023 HE, TF, U1	\$10.00 / 15 minutes
	SA		H0023 HF, TF	\$10.00 / 15 minutes
	GA		H0023 HV, TF	\$10.00 / 15 minutes
Prevention/ Support Type Activities	MH		H0024 HE	\$18.50 / 30 minutes
	SA		H0024 HF	\$18.50 / 30 minutes
Substance Abuse Early Intervention	SA		H0022 HF	\$11.00 / 15 minutes

SERVICE		BILLING CODE		RATE/UNIT	
PACT Services					
ACT (Face to Face)	MH	H0039 HE		\$32.11 / 15 minutes	
	SA	H0039 HF		\$32.11 / 15 minutes	
	Co-occurring	H0039 HH		\$32.11 / 15 minutes	
ACT (Face to Face)-Group	MH	H0039 HE, HQ, HK		\$5.99 / 15 minutes	
	SA	H0039 HF, HQ, HK		\$5.99 / 15 minutes	
	Co-occurring	H0039 HH, HQ, HK		\$5.99 / 15 minutes	
Targeted Case Management, Intensive (ACT)		T1016 HE		\$15.23 / 15 minutes	
	Transitional	T1016 HE, TG		\$15.23 / 15 minutes	
Medication Reminder Service (ACT- Non Face to Face)	MH	S5185 HE		\$18.00 / Month	
	SA	S5185 HF		\$18.00 / Month	
	Co-occurring	S5185 HH		\$18.00 / Month	
Screening (ACT)	MH	T1023 HE		\$55.80 / Event	
	SA	T1023 HF		\$55.80 / Event	
	Co-occurring	T1023 HH		\$55.80 / Event	
Oral/Injection Medication Administration (ACT-RN)	MH	T1502 HE		\$20.24 / Visit	
	SA	T1502 HF		\$20.24 / Visit	
	Co-occurring	T1502 HH		\$20.24 / Visit	
Travel (ACT)		S0215 HE, TF		\$0.51 / minute	
Psychotherapy Services					
Family Psychotherapy	MH	w/ customer present		H0004 HE, HR	\$21.36 / 15 minutes
		w/out customer present		H0004 HE, HS	\$21.36 / 15 minutes
	SA	w/ customer present	LBHP	H0004 HF, HR	\$21.36 / 15 minutes
		w/out customer present	LBHP	H0004 HF, HS	\$21.36 / 15 minutes

SERVICE				BILLING CODE	RATE/UNIT	
	Ambulatory Detox	w/ customer present	LBHP	H0004 HF, HR, HB	\$21.36 / 15 minutes	
		w/out customer present	LBHP	H0004 HF, HS., HB	\$21.36 / 15 minutes	
	GA	w/ customer present	LBHP	H0004 HV, HR	\$21.36 / 15 minutes	
		w/out customer present	LBHP	H0004 HV, HS	\$21.36 / 15 minutes	
	Prison Related	w/ customer present	LBHP	H0004 HF, HR, QJ	\$21.36 / 15 minutes	
		w/out customer present	LBHP	H0004 HF, HS, QJ	\$21.36 / 15 minutes	
	Group Psychotherapy	MH			H0004 HE, HQ	\$9.28 / 15 minutes
		SA		LBHP	H0004 HF, HQ	\$9.28 / 15 minutes
Ambulatory Detox			LBHP	H0004 HF, HQ, HB	\$9.28 / 15 minutes	
GA			LBHP	H0004 HV, HQ	\$9.28 / 15 minutes	
Prison Related (RSAT Aftercare)				H0004 HF, HQ, QJ	\$7.50 / 15 minutes	
Individual Psychotherapy	MH			H0004 HE	\$18.57 / 15 minutes	
		Telemedicine		H0004 HE, GT	\$18.57 / 15 minutes	
		Telemedicine Originating Site fee		Q3014 HE	\$23.35 / Event	
	SA		LBHP		H0004 HF	\$18.57 / 15 minutes
		Telemedicine- LBHP			H0004 HF, GT	\$18.57 / 15 minutes
		Telemedicine Originating Site fee			Q3014 HF	\$23.35 / Event
	Ambulatory Detox				H0004 HF, HB	\$18.57 / 15 minutes
	GA		LBHP		H0004 HV	\$18.57 / 15 minutes
		Telemedicine		LBHP	H0004 HV, GT	\$18.57 / 15 minutes
		Telemedicine Originating Site fee				Q3014 HV
	Prison Related		LBHP		H0004 HF, QJ	\$18.57 / 15 minutes

SERVICE		BILLING CODE	RATE/UNIT	
Rehabilitation and Skills Development Services				
Clubhouse	MH	H2030 HE	\$4.22 / 15 minutes	
Group Rehabilitative Treatment	MH (Adults 18+)	H2017 HE, HQ, HW	\$4.22 / 15 minutes	
	SA (Adults 18+)	H2017 HF, HQ, HW	\$4.22 / 15 minutes	
	Ambulatory Detox (Adults 18+)	H2017 HF, HQ, HW, HB	\$4.22 / 15 minutes	
	GA (Adults 18+)	H2017 HV, HQ, HW	\$4.22 / 15 minutes	
	MH (Children 17 and Under)	H2017 HE, HQ	\$4.22 / 15 minutes	
	SA (Children 17 and Under)	H2017 HF, HQ	\$4.22 / 15 minutes	
	GA (Children 17 and Under)	H2017 HV, HQ	\$4.22 / 15 minutes	
	Prison Related	H2017, HF, HQ, QJ	\$4.22 / 15 minutes	
	Prison Related (SPTU & RSAT- 12)	H2017 HF, HQ, TF, QJ	\$2.00 / 15 minutes	
Illness Management and Recovery	MH	H2017 HE, HQ, TF, TG	\$4.22 / 15 minutes	
Individual Rehabilitative Treatment	MH	H2017 HE	\$15.20 / 15 minutes	
	SA	H2017 HF	\$15.20 / 15 minutes	
	GA	H2017 HV	\$15.20 / 15 minutes	
Psychiatric Rehabilitation Services	MH	H2017 HE, HQ, TF	\$4.22 / 15 minutes	
Wellness Resource Skills Development	MH		T1012 HE	\$4.50 / 15 minutes
		Tobacco Cessation	T1012 HE, SE	\$4.50 / 15 minutes
		Community Support Services PA Group Only	T1012 HE, U1	\$4.50 / 15 minutes
		Tobacco Cessation	T1012 HE, SE, U1	\$4.50 / 15 minutes
	SA		T1012 HF	\$4.50 / 15 minutes
		Tobacco Cessation	T1012 HF, SE	\$4.50 / 15 minutes
	Ambulatory Detox		T1012 HF, HB	\$4.50 / 15 minutes
		Tobacco Cessation	T1012 HF, SE, HB	\$4.50 / 15 minutes
Screening and Assessment Services				
Behavioral Health Assessment (Non-MD) Moderate Complexity	MH		H0031 HE	\$122.61 / Event
		Telemedicine	H0031 HE, GT	\$122.61 / Event
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
	SA		H0031 HF	\$122.61 / Event
		Telemedicine	H0031 HF, GT	\$122.61 / Event
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event
	Ambulatory Detox		H0031 HF, HB	\$122.61 / Event

SERVICE			BILLING CODE	RATE/UNIT	
	GA		LBHP	H0031 HV	\$122.61 / Event
		Telemedicine	LBHP	H0031 HV,GT	\$122.61 / Event
		Telemedicine Originating Site Fee		Q3014 HV	\$23.35 /Event
Behavioral Health Assessment (Non-MD) Low Complexity	MH			H0031 HE, TF	\$81.74 / Event
		Telemedicine		H0031 HE, TF, GT	\$81.74 / Event
		Telemedicine Originating Site Fee		Q3014 HE	\$23.35 /Event
	SA			H0031 HF, TF	\$81.74/ Event
		Telemedicine		H0031 HF, TF, GT	\$81.74/ Event
		Telemedicine Originating Site Fee		Q3014 HF	\$23.35 /Event
	Ambulatory Detox			H0031 HF, TF, HB	\$81.74/ Event
	GA		LBHP	H0031 HV, TF	\$81.74 / Event
		Telemedicine	LBHP	H0031 HV, TF, GT	\$81.74 / Event
		Telemedicine Originating Site Fee		Q3014 HV	\$23.35 /Event
	Prison Related (SPTU/RSAT)			H0031 HF, TF, HQ, QJ	\$81.74 / Event
	TANF- Reassessment			H0031 HF, TF, U1	\$81.74 / Event
		Telemedicine		H0031 HF, TF, GT, U1	\$81.74 / Event
		Existing Client		H0001 HF, U1	\$81.74 / Event
	Residential Initial Screening & Assessment			H0001 HF, TG, U1	\$81.74 / Event
Telemedicine			H0001 HF, TG, U1, GT	\$81.74 / Event	
Clinical Evaluation and Assessment for Children in Specialty Settings	MH		S9482 HE	\$40.87 / 30 minutes	
	SOC		S9482 HE, TF	\$16.38 / 15 minutes	
DUI ADSAC Assessment	Offense Prior to 11/1/2008		H0031 HF, TG, QJ	\$175.00 / Event	
	Offense After 11/1/2008		H0031 HF, QJ	\$160.00 / Event	
Screening and Referral	MH		H0002 HE, HN	\$25.32 / Event	
	SA		H0002 HF, HN	\$25.32 / Event	
	Ambulatory Detox		H0002 HF, HN, HB	\$25.32 / Event	
	Co-Occurring		H0002 HH, HN	\$25.32 / Event	
	GA		H0002 HV, HN	\$25.32 / Event	
	GA (Pre-Screening)		H0002 HV, TF	\$5.00 / Event	
	Screening TANF (group)		H0002 HF	\$10.00 / Event	
	Screening Prison-related		H0002 HF, HQ, QJ	\$15.00 / Event	
	Residential Initial Screening		H0001 HF, TF, U1	\$19.10 / Event	
	Residential Initial Screening - Telephone		H0001 HF, TF, U1, GQ	\$19.10 / Event	

SERVICE			BILLING CODE	RATE/UNIT	
Service Plan Development and Review					
Behavioral Health Service Plan Development Moderate Complexity	MH		H0032 HE	\$135.08 / Event	
		Telemedicine	H0032 HE, GT	\$135.08 / Event	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event	
	SA		H0032 HF	\$135.08 / Event	
		Telemedicine	H0032 HF, GT	\$135.08 / Event	
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event	
	GA		H0032 HV	\$135.08 / Event	
		Telemedicine	H0032 HV, GT	\$135.08 / Event	
		Telemedicine Originating Site Fee	Q3014 HV	\$23.35 /Event	
	Prison Related			H0032 HF, QJ	\$60.00 / Event
	Ambulatory Detox			H0032 HF, HB	\$135.08 / Event
		Telemedicine		H0032 HF, HB, GT	\$135.08 / Event
		Telemedicine Originating Site Fee		Q3014 HF, HB	\$23.35 /Event
Behavioral Health Service Plan Development Low Complexity	MH		H0032 HE, TF	\$84.48 / Event	
		Telemedicine	H0032 HE, TF, GT	\$84.48 / Event	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event	
	SA		H0032 HF, TF	\$84.48 / Event	
		Telemedicine	H0032 HF, TF, GT	\$84.48 / Event	
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event	
	GA		H0032 HV, TF	\$84.48 / Event	
		Telemedicine	H0032 HV, TF, GT	\$84.48 / Event	
		Telemedicine Originating Site Fee	Q3014 HV	\$23.35 /Event	
	Prison Related			H0032 HF, TF, QJ	\$40.00 / Event
	TANF- Reassessment			H0032 HF, TF, U1	\$84.48 / Event
	Ambulatory Detox			H0032 HF, TF, HB	\$84.48 / Event
		Telemedicine		H0032 HF, TF, HB, GT	\$84.48 / Event
		Telemedicine Originating Site Fee		Q3014 HF, HB	\$23.35 /Event
	Service Related Travel				
Travel	MH		S0215 HE, TF	\$0.51 / mile	
	SA		S0215 HF, TF	\$0.51 / mile	
	GA		S0215 HV, TF	\$0.51 / mile	

SERVICE			BILLING CODE	RATE/UNIT
Specialized Substance Abuse Services				
Drug Screen	SA		H0003 HF	\$19.10 / Screen
	Ambulatory Detox		H0003 HF, HB	\$19.10 / Screen
Diagnosis (or Presenting Problem) Related Education – Family Members	SA	With Client Present	T1012 HF, HR	\$15.00 / 30 Minutes
		Without Client Present	T1012 HF, HS	\$15.00 / 30 Minutes
	GA	With Client Present	T1012 HV, HR	\$15.00 / 30 Minutes
		Without Client Present	T1012 HV, HS	\$15.00 / 30 Minutes
	CO	With Client Present	T1012 HH, HR	\$15.00 / 30 Minutes
		Without Client Present	T1012 HH, HS	\$15.00 / 30 Minutes
Diagnosis (or Presenting Problem) Related Education – Group	SA		T1012 HF, HQ	\$8.44 / 30 minutes
Therapeutic Behavioral Services				
Behavioral Health Aide	MH	Outpatient	H2019 HE	\$7.77 / 15 minutes
		Outpatient in inpatient setting	H2019 HE, HK	\$7.77 / 15 minutes
	SA	Outpatient	H2019 HF	\$7.77 / 15 minutes
		Outpatient in inpatient setting	H2019 HF, HK	\$7.77 / 15 minutes
Community Recovery Support / Recovery Support Specialist	MH	Outpatient	H2015 HE	\$9.75 / 15 minutes
		Outpatient in inpatient setting	H2015 HE, HK	\$9.75 / 15 minutes
		Telephone	H2015 HE, TF	\$0.65 / 1 minute
	<i>Community Support Services PA Group Only</i>	Outpatient	H2015 HE, U1	\$9.75 / 15 minutes
		Outpatient in inpatient setting	H2015 HE, HK, U1	\$9.75 / 15 minutes
		Telephone	H2015 HE, TF, U1	\$0.65 / 1 minute
	SA	Outpatient	H2015 HF	\$9.75 / 15 minutes
		Outpatient in inpatient setting	H2015 HF, HK	\$9.75 / 15 minutes
		Telephone	H2015 HF, TF	\$0.65 / 1 minute
	Ambulatory Detox	Outpatient	H2015 HF, HB	\$9.75 / 15 minutes
		Telephone	H2015 HF, TF, HB	\$0.65 / 1 minute

SERVICE			BILLING CODE	RATE/UNIT	
Community Recovery Support / Recovery Support Specialist-Group	MH	Outpatient	H2015 HE, HQ	\$1.45 / 15 minutes	
		Outpatient in Inpatient Setting	H2015 HE, HQ, HK	\$1.45 / 15 minutes	
		<i>Community Support Services PA Group Only</i>	H2015 HE, HQ, U1	\$1.45 / 15 minutes	
	SA		H2015 HF, HQ	\$1.45 / 15 minutes	
	Ambulatory Detox		H2015 HF, HQ, HB	\$1.45 / 15 minutes	
Family Training and Support	MH	Outpatient	Face-to-face	T1027 HE	\$9.75 / 15 minutes
			Telephone	T1027 HE, TF	\$0.65 / 1 minute
		Outpatient in inpatient setting		T1027 HE, HK	\$9.75 / 15 minutes
	SA	Outpatient	Face-to-face	T1027 HF	\$9.75 / 15 minutes
			Telephone	T1027 HF, TF	\$0.65 / 1 minute
		Outpatient in inpatient setting		T1027 HF, HK	\$9.75 / 15 minutes
Community Housing Programs					
Family Self Sufficiency Program	MH		H0043 HE, HA	\$55.00 / Day	
Permanent Supported Housing Programs	MH		H0043 HE, TF	\$12.50 / Day	
Safe Haven	MH		H0043 HE	\$30.00 / Day	
Safe Haven – Permanent Supported Housing	MH		H0043 HE, TF, TG	\$30.00 / Day	
Supervised Transitional Living Programs	MH		H0043 HE, TG	\$70.00 / Day	
Supported Transitional Housing Programs	MH		H0043 HE, TG, TF	\$55.00 / Day	
Halfway House Programs					
Halfway House	SA		H2034 HF	\$46.00 / Day	
Halfway House Services for Adolescents	SA		H2034 HF, HA	\$63.00 / Day	
Halfway House Services for Co-occurring Disorders	SA		H2034 HH	\$46.00 / Day	
Halfway House Services for Dependent Children of Substance Abusers	SA		H2034 HF, HD, HA	\$63.00 / Day	

SERVICE		BILLING CODE	RATE/UNIT
Halfway House Services For Pregnant & Post Partum Women	SA	H2034 HF, HD, TF	\$117.00 / Day
Halfway House Services for Women with Dependent Children	SA	H2034 HF, HD	\$63.00 / Day
Residential Care Services			
Enhanced Residential Care	MH	T2033 HE, TG	\$61.73 / Day
Residential Care	MH	T2033 HE	\$11.00 / Day
Residential Care Extended Transitional Services – Mental Health	MH	T2033 HE, TF, 52	\$10.00 / Day
Residential Care Recovery Enhancement	MH	T2033 HE, TF	\$12.00 / Day
Residential Care Transitional Services-Mental Health	MH	T2033 HE, 52	\$11.00 / Day
Residential Treatment			
Enhanced Residential Treatment – Mental Health	MH	H0019 HE, TF	\$225.00 / Day
Intensive Residential Treatment for Children and Adolescents	MH	H0019 HE, HA, TG	\$281.61 / Day
	SA	H0019 HF, HA, TG	\$281.61 / Day
	Co-Occurring	H0019 HH, HA, TG	\$281.61 / Day
Intensive Residential Treatment for Women with Dependent Children	SA	H0019 HF, HD, TF	\$125.28 / Day

SERVICE		BILLING CODE	RATE/UNIT
Intensive Residential Treatment for Dependent Children of Substance Abusers in Intensive Residential Treatment	SA	H0019 HF, HD, HA, TF	\$125.28 / Day
Intensive Residential Substance Abuse Treatment	SA	H0019 HF, TF	\$160.00 / Day
Residential Treatment – Substance Abuse	SA	H0019 HF, U1	\$74.00 / Day
Residential Treatment for Adolescents	SA	H0019 HF, HA, U1	\$135.00 / Day
	Co-Occurring	H0019 HH, HA, U1	\$135.00 / Day
Residential Treatment for Adults with Co-occurring Disorders	Co-Occurring	H0019 HH, U1	\$82.00 / Day
Residential Treatment for Women with Dependent Children	SA	H0019 HF, HD, U1	\$95.00 / Day
Residential Treatment for Dependent Children of Substance Abusers in Residential Tx	SA	H0019 HF, HD, HA, U1	\$80.00 / Day
Detox			
Inpatient Medical Detoxification	SA	H0009 HF	\$62.00 / Day
Medically Supervised Detoxification Services	SA	H0010 HF	\$144.00 / Day
Non-Medical Detoxification Services	SA	H0014 HF	\$82.00 / Day

SERVICE		BILLING CODE	RATE/UNIT	
Non-Medical Detoxification Services for women with Dependent Children and Pregnant Women	SA	H0014 HF, HA	\$94.00 / Day	
Community-Based Structured Crisis Care				
Community Based Structured Emergency Care	MH		S9484 HE	\$19.50 / Hour
		> 16 beds	S9484 HE, TG	\$19.50 / Hour
Hospitalization				
Acute Inpatient	MH	Low Complexity	99222 HE	\$0.00 /Day
		Moderate Complexity	99222 HE,HA	\$0.00 /Day
Intermediate Inpatient	MH		99221 HE	\$0.00 / Day

ODMHSAS RATE SHEET (alphabetical by service)

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE		
ACT (Face to Face)	MH	H0039 HE	\$32.11 / 15 minutes			
	SA	H0039 HF	\$32.11 / 15 minutes			
	Co-occurring	H0039 HH	\$32.11 / 15 minutes			
ACT (Face to Face)- Group	MH	H0039 HE, HQ, HK	\$5.99 / 15 minutes			
	SA	H0039 HF, HQ, HK	\$5.99 / 15 minutes			
	Co-occurring	H0039 HH, HQ, HK	\$5.99 / 15 minutes			
Acute Inpatient	MH	Low Complexity	99222 HE	\$0.00 /Day	001D	
		Moderate Complexity	99222 HE,HA	\$0.00 /Day		
Behavioral Health Aide	MH	Outpatient	H2019 HE	\$7.77 / 15 minutes	141	
		Outpatient in an inpatient setting	H2019 HE, HK	\$7.77 / 15 minutes		
	SA	Outpatient	H2019 HF	\$7.77 / 15 minutes		
		Outpatient in an inpatient setting	H2019 HF, HK	\$7.77 / 15 minutes		
Behavioral Health Assessment (Non-MD) Low Complexity	MH		H0031 HE, TF	\$81.74 / Event	101	
		Telemedicine	H0031 HE, TF, GT	\$81.74 / Event		
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event		
	SA		H0031 HF, TF	\$81.74/ Event		
		Telemedicine	H0031 HF, TF, GT	\$81.74/ Event		
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event		
	Ambulatory Detox			H0031 HF, TF, HB		\$81.74/ Event
	GA		LBHP	H0031 HV, TF		\$81.74 / Event
		Telemedicine	LBHP	H0031 HV, TF, GT		\$81.74 / Event
		Telemedicine Originating Site Fee		Q3014 HV		\$23.35 /Event

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE		
Prison Related (SPTU/RSAT)			H0031 HF, TF, HQ, QJ	\$81.74 / Event			
Medically Supervised Detox			H0031 HF, TF, TD	\$81.74 / Event			
TANF- Reassessment			H0031 HF, TF, U1	\$81.74/ Event			
	Telemedicine		H0031 HF, TF, GT, U1	\$81.74/ Event			
	Existing Client		H0001 HF, U1	\$81.74 / Event			
Residential Initial Screening & Assessment			H0001 HF, TG, U1	\$81.74 / Event			
	Telemedicine		H0001 HF, TG, U1, GT	\$81.74 / Event			
Behavioral Health Assessment (Non-MD) Moderate Complexity	MH			H0031 HE		101	
		Telemedicine		H0031 HE, GT	\$122.61 / Event		
		Telemedicine Originating Site Fee		Q3014 HE	\$23.35 /Event		
	SA			H0031 HF	\$122.61 / Event		
		Telemedicine		H0031 HF, GT	\$122.61 / Event		
		Telemedicine Originating Site Fee		Q3014 HF	\$23.35 /Event		
	Ambulatory Detox			H0031 HF, HB	\$122.61 / Event		
	GA	LBHP		H0031 HV	\$122.61 / Event		
		Telemedicine	LBHP	H0031 HV, GT	\$122.61 / Event		
		Telemedicine Originating Site Fee		Q3014 HV	\$23.35 /Event		
	Medically Supervised Detox			H0031 HF, TD	\$122.61 / Event		
	Behavioral Health Service Plan Development Low Complexity	MH			H0032 HE, TF		300
			Telemedicine		H0032 HE, TF, GT		
Telemedicine Originating Site Fee			Q3014 HE	\$23.35 /Event			
SA				H0032 HF, TF	\$84.48 / Event		
		Telemedicine		H0032 HF, TF, GT	\$84.48 / Event		
	Telemedicine Originating Site Fee		Q3014 HF	\$23.35 /Event			

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE	
	GA		H0032 HV, TF	\$84.48 / Event	
		Telemedicine	H0032 HV, TF, GT	\$84.48 / Event	
		Telemedicine Originating Site Fee	Q3014 HV	\$23.35 /Event	
	Prison Related		H0032 HF, TF, QJ	\$40.00 / Event	
	Ambulatory Detox		H0032 HF, HB	\$84.48 / Event	
		Telemedicine	H0032 HF, HB, GT	\$84.48 / Event	
		Telemedicine Originating Site Fee	Q3014 HF, HB	\$23.35 /Event	
	TANF- Reassessment		H0032 HF, TF, U1	\$84.48 / Event	
	Behavioral Health Service Plan Development Moderate Complexity	MH		H0032 HE	\$135.08 / Event
			Telemedicine	H0032 HE, GT	\$135.08 / Event
Telemedicine Originating Site Fee			Q3014 HE	\$23.35 /Event	
SA			H0032 HF	\$135.08 / Event	
		Telemedicine	H0032 HF, GT	\$135.08 / Event	
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event	
GA			H0032 HV	\$135.08 / Event	
		Telemedicine	H0032 HV, GT	\$135.08 / Event	
		Telemedicine Originating Site Fee	Q3014 HV	\$23.35 /Event	
Prison Related		H0032 HF, QJ	\$60.00 / Event		

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE	
	Ambulatory Detox		H0032 HF, HB	\$135.08 / Event		
		Telemedicine	H0032 HF, HB, GT	\$135.08 / Event		
		Telemedicine Originating Site Fee	Q3014 HF, HB	\$23.35 /Event		
Case Management Services	MH	Outpatient	LBHP	T1017 HE, HO	\$16.38 / 15 minutes	225
			BHCM II or CADC	T1017 HE, HN	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	LBHP	T1017 HE, HO, HK	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN, HK	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes	
		Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HE, HO	\$21.61 / 15 minutes	
			BHCM II or CADC, Wraparound Facilitator	T1016 HE, HN	\$16.21 / 15 minutes	
		Custody Kids (SOC)	LBHP	T2022 HE, HO	\$21.61 / 15 minutes	
			BHCM II or CADC	T2022 HE, HN	\$16.21 / 15 minutes	
		Transitional	LBHP	T1017 HE, HO, TG	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN, TG	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM, TG	\$16.38 / 15 minutes	
		Transitional Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HE, HO, TG	\$21.61 / 15 Minutes	
			BHCM II or CADC, Wraparound Facilitator	T1016 HE, HN, TG	\$16.21 / 15 Minutes	

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE
	<i>Community Support Services PA Group Only</i>	Outpatient	LBHP	T1017 HE, HO, U1	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HE, HN, U1	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, U1	\$16.38 / 15 minutes
		Outpatient in inpatient setting	LBHP	T1017 HE, HO, HK, U1	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HE, HN, HK, U1	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, HK, U1	\$16.38 / 15 minutes
	SA	Outpatient	LBHP	T1017 HF, HO	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HF, HN	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM	\$16.38 / 15 minutes
		Outpatient in inpatient setting	LBHP	T1017 HF, HO, HK	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HF, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes
		Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HF, HO	\$21.61 / 15 minutes
			BHCM II or CADC, Wraparound Facilitator	T1016 HF, HN	\$16.21 / 15 minutes
		Custody Kids (SOC)	LBHP	T2022 HF, HO	\$21.61 / 15 minutes
			BHCM II or CADC	T2022 HF, HN	\$16.21 / 15 minutes
		Transitional	LBHP	T1017 HF, HO, TG	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HF, HN, TG	\$16.38 / 15 minutes
BHCM I	T1017 HF, HM, TG		\$16.38 / 15 minutes		

SERVICE				BILLING CODE	RATE/UNIT	OLD ICIS CODE
		Transitional Wraparound Facilitation (SOC)	LBHP, Wraparound Facilitator	T1016 HF, HO, TG	\$21.61 / 15 Minutes	
			BHCM II or CADC, Wraparound Facilitator	T1016 HF, HN, TG	\$16.21 / 15 Minutes	
		Ambulatory Detox	LBHP	T1017 HF, HO, HB	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HF, HN, HB	\$16.38 / 15 minutes	
			BHCM I	T1017 HF, HM, HB	\$16.38 / 15 minutes	
		GA	Outpatient	LBHP	T1017 HV, HO	
	BHCM II or CADC			T1017 HV, HN	\$16.38 / 15 minutes	
	BHCM I			T1017 HV, HM	\$16.38 / 15 minutes	
	Outpatient in inpatient setting		LBHP	T1017 HV, HO, HK	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HV, HN, HK	\$16.38 / 15 minutes	
			BHCM I	T1017 HV, HM, HK	\$16.38 / 15 minutes	
	Case Management Travel Component	MH		S0215 HE	\$16.38 / 15 minutes	
<i>Community Support Services PA Group Only</i>			S0215 HE, U1	\$16.38 / 15 minutes		
SA		S0215 HF	\$16.38 / 15 minutes			
GA		S0215 HV	\$16.38 / 15 minutes			
SOC		S0215 HE, HA	\$16.38 / 15 minutes			
Clinical Evaluation and Assessment for Children in Specialty Settings	MH		S9482 HE	\$40.87 / 30 minutes	110	
	SOC		S9482 HE, TF	\$16.38 / 15 minutes		

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE
Clinical Testing	MH		96101 HE, HP	\$73.28 / 1 hour	106
	MH (SA)		96101 HF, HP	\$73.28 / 1 hour	
Clubhouse	MH		H2030 HE	\$4.22 / 15 minutes	435
Community Based Structured Emergency Care	MH		S9484 HE	\$19.50 / Hour	002E
		> 16 beds	S9484 HE, TG	\$19.50 / Hour	
Community Outreach	MH		H0023 HE	\$20.00 / 30 minutes	551
		<i>Community Support Services PA Group Only</i>	H0023 HE, U1	\$20.00 / 30 minutes	
	SA		H0023 HF	\$20.00 / 30 minutes	
	GA		H0023 HV	\$20.00 / 30 minutes	
Community Recovery Support / Recovery Support Specialist	MH	Outpatient	H2015 HE	\$9.75 / 15 minutes	141
		Outpatient in inpatient setting	H2015 HE, HK	\$9.75 / 15 minutes	
		Telephone	H2015 HE, TF	\$0.65 / 1 minute	
	<i>Community Support Services PA Group Only</i>	Outpatient	H2015 HE, U1	\$9.75 / 15 minutes	
		Outpatient in inpatient setting	H2015 HE, HK, U1	\$9.75 / 15 minutes	
		Telephone	H2015 HE, TF, U1	\$0.65 / 1 minute	
	SA	Outpatient	H2015 HF	\$9.75 / 15 minutes	
		Outpatient in inpatient setting	H2015 HF, HK	\$9.75 / 15 minutes	
		Telephone	H2015 HF, TF	\$0.65 / 1 minute	
	Ambulatory Detox	Outpatient	H2015 HF, HB	\$9.75 / 15 minutes	
		Telephone	H2015 HF, TF, HB	\$0.65 / 1 minute	
	Community Recovery Support / Recovery Support Specialist- Group	MH	Outpatient	H2015 HE, HQ	
Outpatient in Inpatient Setting			H2015 HE, HQ, HK	\$1.45 / 15 minutes	
<i>Community Support Services PA Group Only</i>			H2015 HE, HQ, U1	\$1.45 / 15 minutes	

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE	
	SA		H2015 HF, HQ	\$1.45 / 15 minutes		
	Ambulatory Detox		H2015 HF, HQ, HB	\$1.45 / 15 minutes		
Competency Evaluation	MH		H2000 HE, H9	\$33.77 / 30 minutes	100	
Consultation	MH		99368 HE, TG	\$0.00 / 15 minutes	500	
	SA		99368 HF, TG	\$7.00 / 15 minutes		
	GA		99368 HV, TG	\$7.00 / 15 minutes		
Court Related Services	MH		H0006 HE, H9	\$13.75 / 15 minutes	109	
	SA		H0006 HF, H9	\$13.75 / 15 minutes		
Crisis Intervention Counseling	MH	Face to Face	H2011 HE	\$27.86 / 15 minutes		
		Telephone	H0030 HE	\$19.50 / 15 minutes		
		Telemedicine	H2011 HE, GT	\$27.86 / 15 minutes		
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 / Event		
	MH- <i>Community Support Services PA Group Only</i>	Face to Face	H2011 HE, U1	\$27.86 / 15 minutes		
		Telephone	H0030 HE, U1	\$19.50 / 15 minutes		
		Telemedicine	H2011 HE, GT, U1	\$27.86 / 15 minutes		
		Telemedicine Originating Site Fee	Q3014 HE, U1	\$23.35 / Event		
	SA	Face to Face	LBHP	H2011 HF		\$27.86 / 15 minutes
		Telephone	LBHP	H0030 HF		\$19.50 / 15 minutes
		Telemedicine- LBHP		H2011 HF, GT		\$27.86 / 15 minutes
		Telemedicine Originating Site Fee		Q3014 HF		\$23.35 / Event

SERVICE				BILLING CODE	RATE/UNIT	OLD ICIS CODE	
	Ambulatory Detox	Face to Face	LBHP	H2011 HF, HB	\$27.86 / 15 minutes		
		Telemedicine- LBHP		H2011 HF, HB, GT	\$27.86 / 15 minutes		
		Telemedicine Originating Site Fee		Q3014 HF, HB	\$23.35 / Event		
	GA	Face to Face	LBHP	H2011 HV	\$27.86 / 15 minutes		
		Telephone	LBHP	H0030 HV	\$19.50 / 15 minutes		
		Telemedicine	LBHP	H2011 HV, GT	\$27.86 / 15 minutes		
		Telemedicine Originating Site Fee		Q3014 HV	\$23.35 / Event		
	Customer Advocacy	MH			H0006 HE, TF		\$12.50 / 15 minutes
SA			H0006 HF, TF	\$12.50 / 15 minutes			
GA			H0006 HV, TF	\$12.50 / 15 minutes			
Customer Follow-Up Services	MH	1) & 2)		H0006 HE	\$0.83 / 1 minute	204	
		1) & 2) <i>Community Support Services PA Group Only</i>		H0006 HE, U1	\$0.83 / 1 minute		
		3)		H0006 HE, TG	\$0.83 / 1 minute		
		3) <i>Community Support Services PA Group Only</i>		H0006 HE, TG, U1	\$0.83 / 1 minute		
	SA	1) & 2)		H0006 HF	\$0.83 / 1 minute		
		3)		H0006 HF, TG	\$0.83 / 1 minute		
	GA				H0006 HV		\$12.50 / 15 minutes
	Day School	SA			T1018 HF		\$5.00 / 1 hour
Diagnosis (or Presenting Problem) Related Education – Family Members	SA	With Client Present		T1012 HF, HR	\$15.00 / 30 Minutes	224	
		Without Client Present		T1012 HF, HS	\$15.00 / 30 Minutes		
	GA	With Client Present		T1012 HV, HR	\$15.00 / 30 Minutes		
		Without Client Present		T1012 HV, HS	\$15.00 / 30 Minutes		

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE
	CO	With Client Present	T1012 HH, HR	\$15.00 / 30 Minutes	
		Without Client Present	T1012 HH, HS	\$15.00 / 30 Minutes	
Diagnosis (or Presenting Problem) Related Education – Group	SA		T1012 HF, HQ	\$8.44 / 30 Minutes	219
Divorce Visitation Arbitration Services	MH		H0022 HE	\$8.25 / 15 minutes	590
Drug Screen	SA		H0003 HF	\$19.10 / Screen	309
		Ambulatory Detox	H0003 HF, HB	\$19.10 / Screen	
DUI ADSAC Assessment		Offense Prior to 11/1/2008	H0031 HF, TG, QJ	\$175.00 / Event	
		Offense After 11/1/2008	H0031 HF, QJ	\$160.00 / Event	
Education	MH		97537 HE, TF	\$0.00 / 15 minutes	501
Employment Training	MH		H2025 HE	\$8.44 / 30 minutes	243
		Community Support Services PA Group Only	H2025 HE, U1	\$8.44 / 30 minutes	
Enhanced Residential Care	MH		T2033 HE, TG	\$61.73 / Day	003P
Enhanced Residential Treatment – Mental Health	MH		H0019 HE, TF	\$225.00 / Day	002Q
Evaluation and Management (E&M)	MH	New Patient	99201 HE	\$38.46 / Visit	
			99202 HE	\$65.84 / Visit	
			99203 HE	\$95.77 / Visit	
			99204 HE	\$146.97 / Visit	
			99205 HE	\$182.72 / Visit	
	Telemedicine	99201 HE, GT	\$38.46 / Visit		
		99202 HE, GT	\$65.84 / Visit		
		99203 HE, GT	\$95.77 / Visit		
		99204 HE, GT	\$146.97 / Visit		
			99205 HE, GT	\$182.72 / Visit	

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE		
		Established Patient		99211 HE	\$17.72 / Visit		
				99212 HE	\$38.46 / Visit		
				99213 HE	\$64.62 / Visit		
				99214 HE	\$95.18 / Visit		
				99215 HE	\$127.78 / Visit		
		Telemedicine	99211 HE, GT	\$17.72 / Visit			
			99212 HE, GT	\$38.46 / Visit			
			99213 HE, GT	\$64.62 / Visit			
			99214 HE, GT	\$95.18 / Visit			
			99215 HE, GT	\$127.78 / Visit			
	Telemedicine Originating Site Fee			Q3014 HE	\$23.35 /Event		
	With Psychotherapy Add On			90833 HE	\$38.36 / 15 Minutes		
	SA	New Patient			99201 HF		\$38.46 / Visit
					99202 HF		\$65.84 / Visit
					99203 HF		\$95.77 / Visit
					99204 HF		\$146.97 / Visit
					99205 HF		\$182.72 / Visit
			Telemedicine	99201 HF, GT	\$38.46 / Visit		
				99202 HF, GT	\$65.84 / Visit		
				99203 HF, GT	\$95.77 / Visit		
				99204 HF, GT	\$146.97 / Visit		
				99205 HF, GT	\$182.72 / Visit		
			Ambulatory Detox	99201 HF, HB	\$38.46 / Visit		
				99202 HF, HB	\$65.84 / Visit		
				99203 HF, HB	\$95.77 / Visit		
				99204 HF, HB	\$146.97 / Visit		
				99205 HF, HB	\$182.72 / Visit		
			Ambulatory Detox- Telemedicine	99201 HF, HB, GT	\$38.46 / Visit		
				99202 HF, HB, GT	\$65.84 / Visit		
				99203 HF, HB, GT	\$95.77 / Visit		
99204 HF, HB, GT				\$146.97 / Visit			
99205 HF, HB, GT				\$182.72 / Visit			
Established Patient				99211 HF	\$17.72 / Visit		
				99212 HF	\$38.46 / Visit		
				99213 HF	\$64.62 / Visit		
				99214 HF	\$95.18 / Visit		
				99215 HF	\$127.78 / Visit		
		Telemedicine	99211 HF, GT	\$17.72 / Visit			
	99212 HF, GT		\$38.46 / Visit				
	99213 HF, GT		\$64.62 / Visit				
	99214 HF, GT		\$95.18 / Visit				
	99215 HF, GT		\$127.78 / Visit				

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE	
		Ambulatory Detox	99211 HF, HB	\$17.72 / Visit		
			99212 HF, HB	\$38.46 / Visit		
			99213 HF, HB	\$64.62 / Visit		
			99214 HF, HB	\$95.18 / Visit		
			99215 HF, HB	\$127.78 / Visit		
		Ambulatory Detox- Telemedicine	99211 HF, HB, GT	\$17.72 / Visit		
			99212 HF, HB, GT	\$38.46 / Visit		
			99213 HF, HB, GT	\$64.62 / Visit		
			99214 HF, HB, GT	\$95.18 / Visit		
			99215 HF, HB, GT	\$127.78 / Visit		
	Telemedicine Originating Site Fee		Q3014 HF	\$23.35 /Event		
	With Psychotherapy Add On		90833 HF	\$38.36 / 15 Minutes		
	GA	New Patient		99201 HV		\$38.46 / Visit
				99202 HV		\$65.84 / Visit
				99203 HV		\$95.77 / Visit
				99204 HV		\$146.97 / Visit
				99205 HV		\$182.72 / Visit
			Telemedicine	99201 HV, GT		\$38.46 / Visit
				99202 HV, GT		\$65.84 / Visit
				99203 HV, GT		\$95.77 / Visit
				99204 HV, GT		\$146.97 / Visit
				99205 HV, GT		\$182.72 / Visit
		Established Patient		99211 HV		\$17.72 / Visit
				99212 HV		\$38.46 / Visit
				99213 HV		\$64.62 / Visit
				99214 HV		\$95.18 / Visit
				99215 HV		\$127.78 / Visit
Telemedicine			99211 HV, GT	\$17.72 / Visit		
			99212 HV, GT	\$38.46 / Visit		
			99213 HV, GT	\$64.62 / Visit		
Telemedicine Originating Site Fee		Q3014 HV	\$23.35 /Event			
With Psychotherapy Add On		90833 HV	\$38.36 / 15 Minutes			
CO	New Patient		99201 HH	\$38.46 / Visit		
			99202 HH	\$65.84 / Visit		
			99203 HH	\$95.77 / Visit		
			99204 HH	\$146.97 / Visit		
			99205 HH	\$182.72 / Visit		

SERVICE				BILLING CODE	RATE/UNIT	OLD ICIS CODE	
			Telemedicine	99201 HH, GT	\$38.46 / Visit		
				99202 HH, GT	\$65.84 / Visit		
				99203 HH, GT	\$95.77 / Visit		
				99204 HH, GT	\$146.97 / Visit		
				99205 HH, GT	\$182.72 / Visit		
		Established Patient			99211 HH		\$17.72 / Visit
					99212 HH		\$38.46 / Visit
					99213 HH		\$64.62 / Visit
					99214 HH		\$95.18 / Visit
					99215 HH		\$127.78 / Visit
		Telemedicine			99211 HH, GT		\$17.72 / Visit
					99212 HH, GT		\$38.46 / Visit
					99213 HH, GT		\$64.62 / Visit
					99214 HH, GT		\$95.18 / Visit
					99215 HH, GT		\$127.78 / Visit
Telemedicine Originating Site Fee			Q3014 HH	\$23.35 /Event			
Family Psychotherapy	MH	w/ customer present		H0004 HE, HR	\$21.36 / 15 minutes	137	
		w/out customer present		H0004 HE, HS	\$21.36 / 15 minutes		
	SA	w/ customer present	LBHP	H0004 HF, HR	\$21.36 / 15 minutes		
		w/out customer present	LBHP	H0004 HF, HS	\$21.36 / 15 minutes		
	Ambulatory Detox	w/ customer present	LBHP	H0004 HF, HR, HB	\$21.36 / 15 minutes		
		w/out customer present	LBHP	H0004 HF, HS, HB	\$21.36 / 15 minutes		
	GA	w/ customer present	LBHP	H0004 HV, HR	\$21.36 / 15 minutes		
		w/out customer present	LBHP	H0004 HV, HS	\$21.36 / 15 minutes		
	Prison Related	w/ customer present	LBHP	H0004 HF, HR, QJ	\$21.36 / 15 minutes		

SERVICE				BILLING CODE	RATE/UNIT	OLD ICIS CODE
		w/out customer present	LBHP	H0004 HF, HS, QJ	\$21.36 / 15 minutes	
Family Self Sufficiency Program	MH			H0043 HE, HA	\$55.00 / Day	004E
Family Training and Support	MH	Outpatient	Face-to-face	T1027 HE	\$9.75 / 15 minutes	141
			Telephone	T1027 HE, TF	\$0.65 / 1 minute	
	Outpatient in inpatient setting		T1027 HE, HK	\$9.75 / 15 minutes		
	SA	Outpatient	Face-to-face	T1027 HF	\$9.75 / 15 minutes	
			Telephone	T1027 HF, TF	\$0.65 / 1 minute	
		Outpatient in inpatient setting		T1027 HF, HK	\$9.75 / 15 minutes	
Group Psychotherapy	MH			H0004 HE, HQ	\$9.28 / 15 minutes	136
	SA	LBHP		H0004 HF, HQ	\$9.28 / 15 minutes	
	Ambulatory Detox	LBHP		H0004 HF, HQ, HB	\$9.28 / 15 minutes	
	GA	LBHP		H0004 HV, HQ	\$9.28 / 15 minutes	
	Prison Related (RSAT Aftercare)			H0004 HF, HQ, QJ	\$7.50 / 15 minutes	
Group Rehabilitative Treatment	MH (Adults 18+)			H2017 HE, HQ, HW	\$4.22 / 15 minutes	217
	SA (Adults 18+)			H2017 HF, HQ, HW	\$4.22 / 15 minutes	
	Ambulatory Detox (Adults 18+)			H2017 HF, HQ, HW, HB	\$4.22 / 15 minutes	
	GA (Adults 18+)			H2017 HV, HQ, HW	\$4.22 / 15 minutes	
	MH (Children 17 and Under)			H2017 HE, HQ	\$4.22 / 15 minutes	
	SA (Children 17 and Under)			H2017 HF, HQ	\$4.22 / 15 minutes	
	GA (Children 17 and Under)			H2017 HV, HQ	\$4.22 / 15 minutes	

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE
	Prison Related	H2017, HF, HQ, QJ	\$4.22 / 15 minutes	
	Prison Related (SPTU & RSAT- 12)	H2017 HF, HQ, TF, QJ	\$2.00 / 15 minutes	
Halfway House	SA	H2034 HF	\$46.00 / Day	003B
Halfway House Services for Adolescents	SA	H2034 HF, HA	\$63.00 / Day	003Y
Halfway House Services for Co- occurring Disorders	SA	H2034 HH	\$46.00 / Day	003T
Halfway House Services for Dependent Children of Substance Abusers	SA	H2034 HF, HD, HA	\$63.00 / Day	003M
Halfway House Services For Pregnant & Post Partum Women	SA	H2034 HF, HD, TF	\$117.00 / Day	003A
Halfway House Services for Women with Dependent Children	SA	H2034 HF, HD	\$63.00 / Day	003S
Halfway House Services For Pregnant & Post Partum Women	SA	H2034 HF, HD, TF	\$117.00 / Day	003A
Halfway House Services for Women with Dependent Children	SA	H2034 HF, HD	\$63.00 / Day	003S
Home and Community Based Travel	MH	S0215 HE, TG	\$16.38 / 15 minutes	852
	SA	S0215 HF, TG	\$10.00 / 15 minutes	
	GA	S0215 HV, TG	\$16.38 / 15 minutes	

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE	
	SOC	FT&S	S0215 HE, HA, TG	\$9.75 / 15 minutes		
		BHA	S0215 HE, HA, TF	\$7.77 / 15 minutes		
Illness Management and Recovery	MH		H2017 HE, HQ, TF, TG	\$4.22 / 15 minutes	436	
Individual Psychotherapy	MH		H0004 HE	\$18.57 / 15 minutes	135	
		Telemedicine	H0004 HE, GT	\$18.57 / 15 minutes		
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 / Event		
	SA	LBHP	H0004 HF	\$18.57 / 15 minutes		
		Telemedicine- LBHP	H0004 HF, GT	\$18.57 / 15 minutes		
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 / Event		
	Ambulatory Detox	LBHP	H0004 HF, HB	\$18.57 / 15 minutes		
	GA		LBHP	H0004 HV		\$18.57 / 15 minutes
		Telemedicine	LBHP	H0004 HV, GT		\$18.57 / 15 minutes
		Telemedicine Originating Site Fee	Q3014 HV	\$23.35 / Event		
Prison Related	LBHP	H0004 HF, QJ	\$18.57 / 15 minutes			
Individual Rehabilitative Treatment	MH		H2017 HE	\$15.20 / 15 minutes	216	
	SA		H2017 HF	\$15.20 / 15 minutes		
	GA		H2017 HV	\$15.20 / 15 minutes		
Inpatient Medical Detoxification	SA		H0009 HF	\$62.00 / Day	001B	

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE	
Intensive Outreach	MH		H0023 HE, TF	\$10.00 / 15 minutes	550
		<i>Community Support Services PA Group Only</i>	H0023 HE, TF, U1	\$10.00 / 15 minutes	
	SA	H0023 HF, TF	\$10.00 / 15 minutes		
	GA	H0023 HV, TF	\$10.00 / 15 minutes		
Intensive Residential Substance Abuse Treatment	SA		H0019 HF, TF	\$160.00 / Day	002N
Intensive Residential Treatment for Children and Adolescents	MH		H0019 HE, HA, TG	\$281.61 / Day	002R
	SA		H0019 HF, HA, TG	\$281.61 / Day	
	Co-Occurring		H0019 HH, HA, TG	\$281.61 / Day	
Intensive Residential Treatment for Dependent Children of Substance Abusers in Intensive Residential Tx	SA		H0019 HF, HD, HA, TF	\$125.28 / Day	002V
Intensive Residential Treatment for Women with Dependent Children	SA		H0019 HF, HD, TF	\$125.28 / Day	002T
Intermediate Inpatient Treatment	MH		99221 HE	\$0.00 / Day	001A
Intra-Agency Clinical Consultation	MH		99368 HE	\$5.00 / 15 minutes	505
Job Retention Support	MH		H2026 HE	\$420.00 / 3 months	570
		<i>Community Support Services PA Group Only</i>	H2026 HE, U1	\$420.00 / 3 months	

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE
Medically Supervised Detoxification Services	SA		H0010 HF	\$144.00 / Day	002B
Medication Reminder Service (Non Face to Face) (ACT)	MH		S5185 HE	\$18.00 / Month	
	SA		S5185 HF	\$18.00 / Month	
	Co-occurring		S5185 HH	\$18.00 / Month	
Medication Training and Support	MH		H0034 HE	\$23.64 / 15 minutes	305
	SA	Ambulatory Detox	H0034 HF, HB	\$23.64 / 15 minutes	
Non-Medical Detoxification Services	SA		H0014 HF	\$82.00 / Day	002C
Non-Medical Detoxification Services for women with Dependent Children and Pregnant Women	SA		H0014 HF, HA	\$94.00 / Day	002K
Oral/Injection Medication Administration (RN) (ACT)	MH		T1502 HE	\$20.24 / Visit	
	SA		T1502 HF	\$20.24 / Visit	
	Co-occurring		T1502 HH	\$20.24 / Visit	
Permanent Supported Housing Programs	MH		H0043 HE, TF	\$12.50 / Day	003Z
Prevention/Support Type Activities	MH		H0024 HE	\$18.50 / 30 minutes	561
	SA		H0024 HF	\$18.50 / 30 minutes	
Prevocational Services	MH		H2014 HE, TF	\$8.44 / 30 minutes	245
		<i>Community Support Services PA Group Only</i>	H2014 HE, TF, U1	\$8.44 / 30 minutes	
	SA		H2014 HF, TF	\$8.44 / 30 minutes	
Psychiatric Diagnostic Evaluation	MH	With Medical Services	90792 HE	\$116.44 / Event	
		With No Medical Services	90791 HE	\$137.66 / Event	
	SA	With Medical Services	90792 HF	\$116.44 / Event	
		With No Medical Services	90791 HF	\$137.66 / Event	

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE	
	GA	With Medical Services	90792 HV	\$116.44 / Event	
		With No Medical Services	90791 HV	\$137.66 / Event	
	CO	With Medical Services	90792 HH	\$116.44 / Event	
		With No Medical Services	90791 HH	\$137.66 / Event	
Psychiatric Rehabilitation Services	MH		H2017 HE, HQ, TF	\$4.22 / 15 minutes	431
Residential Care	MH		T2033 HE	\$11.00 / Day	003K
Residential Care Extended Transitional Services – Mental Health	MH		T2033 HE, TF, 52	\$10.00 / Day	
Residential Care Recovery Enhancement	MH		T2033 HE, TF	\$12.00 / Day	003L
Residential Care Transitional Services-Mental Health	MH		T2033 HE, 52	\$11.00 / Day	003K
Residential Treatment for Adolescents	SA		H0019 HF, HA, U1	\$135.00 / Day	002G
	Co-Occurring		H0019 HH, HA, U1	\$135.00 / Day	
Residential Treatment for Dependent Children of Substance Abusers in Residential Treatment	SA		H0019 HF, HD, HA, U1	\$80.00 / Day	002M
Residential Treatment for Adults with Co-occurring Disorders	Co-Occurring		H0019 HH, U1	\$82.00 / Day	002J
Residential Treatment for Women with Dependent Children	SA		H0019 HF, HD, U1	\$95.00 / Day	002H
Residential Treatment – Substance Abuse	SA		H0019 HF, U1	\$74.00 / Day	002A

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE	
Safe Haven	MH	H0043 HE	\$30.00 / Day	003Q	
Safe Haven – Permanent Supported Housing	MH	H0043 HE, TF, TG	\$30.00 / Day		
Screening (ACT)	MH	T1023 HE	\$55.80 / Event		
	SA	T1023 HF	\$55.80 / Event		
	Co-occurring	T1023 HH	\$55.80 / Event		
Screening and Referral	MH	H0002 HE, HN	\$25.32 / Event	105	
	SA	H0002 HF, HN	\$25.32 / Event		
	Ambulatory Detox	H0002 HF, HN, HB	\$25.32 / Event		
	Co-Occurring	H0002 HH, HN	\$25.32 / Event		
	GA	H0002 HV, HN	\$25.32 / Event		
	GA (Pre-Screening)	H0002 HV, TF	\$5.00 / Event		
	Screening TANF (group)	H0002 HF	\$10.00 / Event		
	Screening Prison-related	H0002 HF, HQ, QJ	\$15.00 / Event		
	Residential Initial Screening	H0001 HF, TF, U1	\$19.10 / Event		
	Residential Initial Screening - Telephone	H0001 HF, TF, U1, GQ	\$19.10 / Event		
Substance Abuse Early Intervention	SA	H0022 HF	\$11.00 / 15 minutes	560	
Supervised Transitional Living Programs	MH	H0043 HE, TG	\$70.00 / Day	003C	
Supported Transitional Housing Programs	MH	H0043 HE, TG, TF	\$55.00 / Day	003E	
System Support	MH	99368 HE, TF	\$0.00 / 15 minutes	504	
Targeted Case Management, Intensive (ACT)		T1016 HE	\$15.23 / 15 minutes		
	Transitional	T1016 HE, TG	\$15.23 / 15 minutes		
Tobacco Cessation Counseling-Physician	MH	3-10 minutes	99406 HE	\$12.47/event	
		Over 10 minutes	99407 HE	\$24.03/event	
	SA	3-10 minutes	99406 HF	\$12.47/event	
		Over 10 minutes	99407 HF	\$24.03/event	
	Ambulatory Detox	3-10 minutes	99406 HF, HB	\$12.47/event	
		Over 10 minutes	99407 HF, HB	\$24.03/event	
Training	MH	97537 HE	\$0.00 / 15 minutes	503	
	SA	97537 HF	\$7.00 / 15 minutes		

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE	
Travel	MH	S0215 HE, TF	\$0.51 / mile	845	
	SA	S0215 HF, TF	\$0.51 / mile		
	GA	S0215 HV, TF	\$0.51 / mile		
Travel (ACT)		S0215 HE, TF	\$0.51 / minute		
Treatment Team Meeting	SA	99368 HF	\$7.00 / 15 minutes	505	
	GA	99368 HV	\$7.00 / 15 minutes		
	Prison Related (RSAT, RSAT aftercare & SPTU)	99368 HF, QJ	\$5.00 / 15 minutes		
Vocational Services	MH		H2014 HE	244	
		<i>Community Support Services PA Group Only</i>	H2014 HE, U1		\$8.44 / 30 minutes
Wellness Resource Skills Development	MH		T1012 HE	205	
		Tobacco Cessation	T1012 HE, SE		\$4.50 / 15 minutes
		<i>Community Support Services PA Group Only</i>	T1012 HE, U1		\$4.50 / 15 minutes
		<i>Community Support Services PA Group Only</i> Tobacco Cessation	T1012 HE, SE, U1		\$4.50 / 15 minutes
	SA		T1012 HF		\$4.50 / 15 minutes
		Tobacco Cessation	T1012 HF, SE		\$4.50 / 15 minutes
	Ambulatory Detox		T1012 HF, HB		\$4.50 / 15 minutes
		Tobacco Cessation	T1012 HF, SE, HB		\$4.50 / 15 minutes

ODMHSAS ONLY

SERVICES

Services Billable for ODMHSAS Customers Only (Not SoonerCare Members)

Behavioral Health Aide	MH	Outpatient in an inpatient setting		H2019 HE, HK	\$7.77 / 15 minutes
	SA	Outpatient in an inpatient setting		H2019 HF, HK	\$7.77 / 15 minutes
Case Management Services	MH	Outpatient in inpatient setting	LBHP	T1017 HE, HO, HK	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HE, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes
	SA	Outpatient in inpatient setting	LBHP	T1017 HF, HO, HK	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HF, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes
	GA	Outpatient in inpatient setting	LBHP	T1017 HV, HO, HK	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HV, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HV, HM, HK	\$16.38 / 15 minutes
Case Management Travel Component	MH			S0215 HE	\$16.38 / 15 minutes
	SA			S0215 HF	\$16.38 / 15 minutes
	GA			S0215 HV	\$16.38 / 15 minutes
Community Recovery Support / Recovery Support Specialist	MH	Outpatient in inpatient setting		H2015 HE, HK	\$9.75 / 15 minutes
	SA	Outpatient in inpatient setting		H2015 HF, HK	\$9.75 / 15 minutes
Community Recovery Support / Recovery Support Specialist - Group	MH	Outpatient in inpatient setting		H2015 HE, HQ, HK	\$1.25 / 15 minutes
Competency Evaluation	MH			H2000 HE, H9	\$33.77 / 30 minutes
DUI ADSAC Assessment	Offense Prior to 11/1/2008			H0031 HF, TG, QJ	\$175.00 / Event
	Offense After 11/1/2008			H0031 HF, QJ	\$160.00 / Event
Family Training and Support	MH	Outpatient in inpatient setting		T1027 HE, HK	\$9.75 / 15 minutes
	SA	Outpatient in inpatient setting		T1027 HF, HK	\$9.75 / 15 minutes

Home and Community Based Travel	MH	S0215 HE, TG	\$16.38 / 15 minutes
	SA	S0215 HF, TG	\$10.00 / 15 minutes
	GA	S0215 HV, TG	\$16.38 / 15 minutes

BILLABLE OUTPATIENT SERVICES

by level of service provider

FY 2015 BILLABLE OUTPATIENT SERVICES by Level of Service Provider

Please note that a direct service provider may meet eligibility requirements for more than one level of service provider, and is able to bill the services listed under each level they meet requirements for.

Behavioral Health Aide (BHA)	CADC	LBHP
<ul style="list-style-type: none"> -Behavioral Health Aide - Home and Community Based Travel (for Behavioral Health Aide service only) 	<ul style="list-style-type: none"> -Day School -Substance Abuse Early Intervention (only an LBHP can provide the brief family counseling component of this service) 	<ul style="list-style-type: none"> -Day School -Home and Community Based Travel -Clinical Testing (as allowed by License regulations) -Competency Evaluation (must meet designation of ODMHSAS to be a Competency Evaluator)
Behavioral Health Case Manager	<ul style="list-style-type: none"> -Case Management Services -Case Management Travel Component -Home and Community Based Travel (for Individual Rehabilitation travel only) -Divorce Visitation Arbitration Services -Screening and Referral -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model) -Customer Follow-up Services (function 3) -Diagnosis (or Presenting Problem) Related Education – Family Members -Diagnosis (or Presenting Problem) Related Education – Group (only pre-admission) 	<ul style="list-style-type: none"> -Divorce Visitation Arbitration Services -Crisis Intervention Services -Behavioral Health Assessment (Non-MD) Moderate Complexity -Behavioral Health Assessment (Non-MD) Low Complexity -Clinical Evaluation and Assessment for Children in Specialty Settings -Screening and Referral -Substance Abuse Early Intervention -Family Psychotherapy -Group Psychotherapy -Individual Psychotherapy -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model) -Behavioral Health Service Plan Development Moderate Complexity -Behavioral Health Service Plan Development Low Complexity -Case Management Services -Case Management Travel Component -Customer Follow-up Services (function 3) -Diagnosis (or Presenting Problem) Related Education – Family Members -Diagnosis (or Presenting Problem) Related Education – Group (only pre-admission)
CM I & CM II (Certification issued prior to July 1, 2013)		
<ul style="list-style-type: none"> -Case Management Services -Case Management Travel Component -Customer Follow-up Services (function 3) 		
CM II (Certification issued July 1, 2013 or After)		
<ul style="list-style-type: none"> -Case Management Services -Case Management Travel Component -Home and Community Based Travel (for Individual Rehabilitation travel only) -Divorce Visitation Arbitration Services -Screening and Referral -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model) -Customer Follow-up Services (function 3) -Diagnosis (or Presenting Problem) Related Education – Family Members -Diagnosis (or Presenting Problem) Related Education – Group (only pre-admission) 		

	CADC-US	Peer Recovery Support Specialist (PRSS)
	-Day School -Substance Abuse Early Intervention (only an LBHP can provide the brief family counseling component of this service)	-Community Recovery Support/Recovery Support Specialist -Community Recovery Support/Recovery Support Specialist (group) - Home and Community Based Travel (For Community Recovery/Support/Recovery Support Specialist service only)
	Employment Consultant	
	-Employment Training -Job Retention Support -Pre-Vocational Services -Vocational Services	
	Family Support Provider (FSP)	
	-Family Training and Support -Home and Community Based Travel (for Family Training and Support only)	

Any Level of Service Provider Can Provide These Services (Any level listed above)

-Customer Follow-Up Services (functions 1 & 2) -Consultation -Education -Intra-agency Clinical Consultation -System Support -Training -Treatment Team Meeting	-Employment Training -Job Retention Support -Pre-Vocational Services -Vocational Services -Community Outreach -Intensive Outreach -Prevention/Support Type Activities	-Wellness Resource Skills Development -Travel -Drug Screen - Court Related Services (only for staff working in Specialty Courts & Jail Diversion Programs)
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***Actual services eligible for reimbursement may vary by provider agency (based on individual agency contracts)**

ODMHSAS Service Manual Revisions

July 1, 2014

- Under Outpatient Services (OO), Levels of Service Providers:
 - Revised definition for Behavioral Health Case Manager II
 - Deleted definition for BHRS
 - Revised the bullet point for gambling providers, under the Notes
- Revised Staff Requirements for: Case Management Services, Case Management (Travel Component), Customer Follow-Up Services, Home and Community Based Travel, Court Related Services, Targeted Case Management (ACT), Group Rehabilitative Treatment, Illness Management and Recovery (IMR), Individual Rehabilitative Treatment, Psychiatric Rehabilitation Services, Screening and Referral, Diagnosis (or Presenting Problem) Related Education- Family Members, Divorce Visitation Arbitration Services
- Revised billing codes for Intensive Case Management Services
- Revised billing codes under Customer Follow-Up Services to add a SA code for function #3
- Revised billing rates for ACT (Face to Face) under PACT Services
- Revised billing code for Prison Related (SPTU & RSAT -12) under Group Rehabilitative Treatment
- Revised information under Screening and Referral, to include information specific to Specialty Courts, to clarify information specific to TANF programs
- Revised billing code information under Screening and Referral, to include the addition of a code for Gambling Pre-Screening
- Added a note under Halfway House Services for Dependent Children of Substance Abusers
- Revised Residential Care Services to reflect a rate change for Residential Care, Residential Care Transition Services, and Residential Care Recovery Enhancement; revised the definition for Residential Care Transition Services – Mental Health; and added a new service called Residential Care Extended Transition Services – Mental Health
- Revised service definition under Intensive Residential Substance Abuse Treatment
- Revised Gambling code titles to correlate with rules for Gambling Treatment Professionals (NCGC is no longer required for everyone)
- Revised Billable Outpatient Services by Level of Service Provider document

February 20, 2015

- Under Outpatient Services (OO), Levels of Service Providers:
 - Added information for Behavioral Health Case Manager II with a Certification issued July 1, 2014 or after
 - Revised definition for Intensive Case Manager (ICM)
 - Revised definition for Licensed Behavioral Health Professional (LBHP)
 - Revised the bullet point for gambling providers, under the Notes

- Under Outpatient Services (OO), Service Definitions:
 - Behavioral Health Case Management: Revised service definition to incorporate language regarding Transitional Case Management, revised note regarding Wraparound Facilitation and added a note about Custody Kids in SOC. Also added Case Management codes for Transition Case Management, Custody Kids, and Ambulatory Detox, and revised codes for Wraparound Facilitation.
 - Intensive Case Management Services: Deleted service definition and codes. Intensive Wraparound Facilitation SOC Case Management is listed under Case Management Services, and Intensive Case Management for PACT is listed under PACT Services.
 - Treatment Team Meeting: Added a note for Prison Related services.
 - Court Related Services: Revised billing codes.
 - Crisis Intervention Services: Added codes for Ambulatory Detox.
 - Intensive Outreach: Revised the Note.
 - Targeted Case Management (ACT): Under PACT Services in the manual, revised the Targeted Case Management to clarify that it is Intensive, revised the staff requirements, and revised codes (including adding a code for Transitional Case Management for PACT Intensive CM).
 - Group Rehabilitative Services: Added a code for Ambulatory Detox.
 - Wellness Resource Skills Development: Revised Note. Added codes for Ambulatory Detox.
 - Screening and Referral: Revised note and unit type for TANF and Prison Related services, added a note and new codes specific to Residential Initial Screening, and added codes for Ambulatory Detox.
 - Behavioral Health Service Plan Development Low Complexity: Revised Note, and added an additional note for TANF Reassessment. Also added new telemedicine codes, including codes for Ambulatory Detox.
 - Behavioral Health Service Plan Development Moderate Complexity: Deleted TANF specific code. TANF providers should use the SA code when providing this service. Also added new telemedicine codes, including codes for Ambulatory Detox.
 - Behavioral Health Assessment (NON-MD) Low Complexity: Added a note and new codes specific to Residential Initial Screening & Assessment. Added a note specific to TANF, and a new TANF reassessment code for existing clients. Added a code for Ambulatory Detox.
 - Behavioral Health Assessment (NON-MD) Moderate Complexity: Added a code for Ambulatory Detox.
 - Diagnosis (or Presenting Problem) Related Education - Family Members: Revised Note and Staff Requirement, and added additional codes.
 - Under Specialized Substance Abuse Services section, added a new service: Diagnosis (or Presenting Problem) Related Education – Group.
 - Medication Training and Support: Revised Staff Requirement.
 - Evaluation & Management (E&M): Added codes for E&M with Psychotherapy add on, & added telemedicine codes for Ambulatory Detox
 - Tobacco Cessation Counseling – Physician: Added codes for Ambulatory Detox.
 - Drug Screen: Added a code for Ambulatory Detox.
 - Individual Psychotherapy: Added a code for Ambulatory Detox.
 - Family Psychotherapy: Added codes for Ambulatory Detox.

- Group Psychotherapy: Added a code for Ambulatory Detox.
- Community Recovery Support / Recovery Support Specialist: Revised Note. Added codes for Ambulatory Detox.
- Community Recovery Support / Recovery Support Specialist- Group: Revised Note. Added a code for Ambulatory Detox.

- Community-Based Structured Crisis Care (SC), Service Definition:
 - Community Based Structured Emergency Care: Added a Note.

- Community Living Programs (CL), Service Definitions:
 - Added a new service under Community Housing Programs called Safe Haven – Permanent Supported Housing

- Residential Treatment (CI)
 - Revised text under Levels of Service Providers, and Service Definitions to be congruent with language used in Chapter 18.

- Guidelines for Clinical Documentation:
 - Assessment, Mental Health Providers: Revised the requirements to be more congruent with Medicaid requirements.
 - Assessment, Substance Abuse Providers: Revised the requirements to be more congruent with Chapter 18 requirements.

- Billable Outpatient Services by Level of Service Provider: Revised to reflect service changes.