Service Code Cheat Sheet

Information in PINK are codes and/or details that have been recently added to support your ability to accurately code your services.

Service Code	Type of Service	Description	MD/NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	MFT/ SW Clinical Trainee	OT	PSS	MHRS/ CW
Assessment										
5CA	Assessment (Non-MD)	Mental Health Assessment by a non-MD. Time writing up the assessment should be captured in the "Documentation Time" field.		Y	Y	Y	Y*	Y	Y	Y
14CA	MD/NP Assessment 1-15 minutes	Mental Health Assessment by a MD/NP. Time writing up the assessment should be captured in the "Documentation Time" field. *For a service over 15 minutes, also use (G2212M) Medical Prolonged Service code to add additional service time.*	Y							
90885CA	Assessment (Only Chart Review)	External Chart Review, including hospital records. Time spent reviewing external charts should be captured in the "Service Time" field. *This <u>excludes</u> internal chart reviews.* *For a service over 15 minutes, also use (G2212) Therapy Prolonged Service code to add additional service time.*	Y	Y			Y*			

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Treatment Planning										
6CA	Plan Development (Non-MD/NP)	Plan development by non-MD/NP. Time writing up the treatment plan should be captured in the "Documentation Time" field.		Y	Y	Y	Y*	Y	Y	Y
Individual Therapy										
90832CA	Individual Therapy 16-37 minutes *(Individual Therapy 1-15 minutes is not billable)*	Use for Individual Therapy between 16-37 minutes. *Individual Therapy under 16 minutes cannot be billed using Individual Therapy codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc.).*	Y	Y			Y*			
90834CA	Individual Therapy 38-52 minutes	Use for Individual Therapy between 38-52 minutes.	Y	Y			Y*			
90837CA	Individual Therapy 53-67 minutes	Use for Individual Therapy between 53-67 minutes. *For a service over 67 minutes, also use (G2212) Therapy Prolonged Service code to add additional service time.*	Y	Y			Y*			
Family Therapy										
41CA	Family Therapy 26-50 minutes	Use this for Family Therapy Service with duration between 26-50 minutes.	Y	Y			Y*			

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	(Family Therapy 1-25 minutes is not billable)	*Family Therapy that was less than 26 minutes cannot be billed using this code. Consider if another code is more appropriate for the service provided (e.g., rehab, etc.).* *For a service over 50 minutes, also use (G2212) Therapy Prolonged Service code to add additional service time.*								
Group Therapy										
10CA	Group Therapy 1-15 minutes	Group therapy service between 1-15 minutes. *For a service over 15 minutes, also use (G2212G) Group Prolonged Service code to add additional service time.*	Y	Y			Y*			
Rehabilitation Services										
7CA	Rehabilitation	Use for rehabilitation services.	Y	Y	Y	Y	Y*	Y	Y	Y
70CA	Rehabilitation Group	Use for rehabilitation groups.	Y	Y	Y	Y	Y*	Y	Y	Y
Crisis Intervention										
2CA	Crisis Intervention	Use for crisis intervention services.	Y	Y	Y	Y	Y*	Y	Y	Y
Case Management										
51CA	Case Management	Use for Case Management Services.	Y	Y	Y	Y	Y*	Y	Y	Y

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Case Conference										
99368CA	Non-MD Team Conf Ct/Fam Not Present (minimum 30 minutes)	Medical team conference with interdisciplinary team of health care professionals **without client or family present.**	Y (NP only)	Y	Y		Y*			
99366CA	Non-MD Team Conf Ct/Fam Present (minimum 30 minutes)	Medical team conference with interdisciplinary team of health care professionals (e.g., meeting between BHRS team and contract agency team) face-to-face **with client or family present.**	Y (NP only)	Y	Y		Y*			
99367CA	MD Team Conf. Ct/Fam Not Present (minimum 30 minutes)	Medical team conference with interdisciplinary team of health care professionals **without client or family present.**	Y (MD only)							
99484CA	MD Directed Care Management (minimum 20 minutes)	Care management services for behavioral health conditions directed by a physician or other qualified health care professional providers. May only bill for **one** instance of this service **per calendar month.** Must include the following required elements: - initial assessment or follow-up monitoring, including the use of	Y	Y	Y	Y				

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		applicable validated rating scales; - behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; - facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.								
Medication Support Services										
MD's/NP's can also use the applicable Medication Support codes below marked with ** for documenting Treatment Planning Services										
99212CA**	Med Opt 10-19 minutes	Use for medication support services between 10-19 minutes, including any plan development around med support.	Y							
99213CA**	Med Opt 20-29 minutes	Use for medication support services between 20-29 minutes, including any plan development around med support.	Y							
99214CA**	Med Opt 30-39 minutes	Use for medication support services between	Y							

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		30-39 minutes, including any plan development around med support.								
99215CA**	Med Opt 40-54 minutes	Use for medication support services between 40-54 minutes, including any plan development around med support. *For a service over 54 minutes, also use (G2212M) Medical Prolonged Service code to add additional service time.*	Y							
17CA**	Medication Support	Use for Medication Support Services that do not fall into one of the Med Support categories above.	Y		Y	Y				
16CA	Medication Injection 1-15 minutes	16CA is only billable for medication injection services between 1-15minutes. *Additional service time can be billed in a separate progress note using 17CA Medication Support*	Y		Y					
150CA	Medication Group	Use for Medication Support Groups	Y		Y	Y				
Specialty Children's Services										
ICC_CA	Intensive Care Coordination	Use for ICC services	Y	Y	Y	Y	Y*	Y	Y	Y
CFTICC_CA	Children and Family Team ICC	Use for CFT services	Y	Y	Y	Y	Y*	Y	Y	Y

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58CA	Therapeutic Behavioral Support	Use for TBS services	Y	Y	Y	Y	Y*	Y	Y	Y
IHBS Services										
Unlike other services, IHBS Services are identified using the **LOCATION CODE**, **not** the Service Code. **For IHBS Services, always use Location Code IHBS Home Visit.** **Service Code:** Use the service code that most accurately reflects the type of service being provided in the home as an IHBS service. For instance, if you are providing a rehab service in the home, then use 7CA as the service Code.			Y	Y	Y	Y	Y	Y	Y	Y
Peer Support Specialist Services										
H0038	Peer Support/Self Help Therapy	Use for Peer Support Services such as prevention/recovery coaching, linking to resources and recovery related education provided to individuals and their support persons.							Y	
H0025	Peer Support Prevention Education Group	Use for Peer Support Prevention/Education Groups provided to individuals and their support persons.							Y	
Add-On Service Codes										
G2212	Therapy Prolonged Service (41CA & 90837CA)	If a therapeutic service has a maximum time limit, use this code to add the additional time spent providing the service.	Y	Y	Y	Y	Y*			

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G2212M	Medical Prolonged Service (14CA, 16CA, 99215CA, 99350CA)	If a medication support service has a maximum time limit, use this code to add the additional time spent providing the service.	Y		Y	Y				
G2212G	Group Prolonged Service (10CA)	If a group service has a maximum time limit, use this code to add the additional time spent providing the service.	Y	Y	Y	Y	Y*			
T1013	Sign Language or Oral Interpretive	Use when third-party interpretation was provided during the session/service. *The amount of time entered for interpretation should not exceed the time of the session/service.*	Y	Y	Y	Y	Y*	Y	Y	Y
T1013M	Sign Language or Oral Interpretive *for Medical Services*	Use when third-party interpretation was provided during the session/service **for Medical Services**. *The amount of time entered for interpretation should not exceed the time of the session/service.*	Y		Y	Y				

*Please note that MFT/SW/ PCC Clinical Trainees require a co-signature on all progress notes.