

CMHC BILLING REFERENCE LIST - July 1, 2022

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SERVICE CODE	SERVICE DESCRIPTION AND ABBREVIATION	FREQUENCY/ TIME SPAN	PROPOSED SCDMH SERVICE CHARGE	MEDICAID RATE	MEDICAID PROC CODE	MEDICARE PROC CODE	OTHER PAYORS PROC CODE
H001-O	Crisis Intervention Service (CI)	20 / 15 mins Units day	\$50.00	\$41.61	H2011	N/A	99058
H001-T	Crisis Intervention Service via telephone (CI)Non Physician	4 / 15 min units day	\$50.00	\$41.61		N/A	98966 98967 98968
H002	MH Assessment by Non Physician (ASSMT)	8 / 30 min units day	\$89.00	\$80.44		H0031	90791
H003	Individual Therapy (IND TX)	1 / Encounter day	\$88.00	\$79.77	90832 (30 mins)	90832	90832
			\$175.00	\$159.10	90834 (45 mins)	90834	90834
			\$265.00	\$239.67	90837 (61+ mins)	90837	90837
H004-001	Family Therapy, client present (FM TX)	1 /Encounter day	\$264.00	\$243.56	90847	90847	90847
H004-002	Family Therapy, client not present (FM TX)	1 / Encounter day	\$263.00	\$240.03	90846	90846	90846
H005-GTX	Group Therapy (GP TX)	2 / Encounter day	\$84.00	\$83.46	90853	90853	90853
H005-MFG	Multi Family Group Therapy (MFT)	8 / Encounters month	\$84.00	\$83.46	90849	90849	90849
H010	Injectable Medication Administration (MED. ADM.)	See Table	See Table	See Table	See Table	See Table	See Table
H012	Psychiatric Diagnostic Evaluation with Medical (PDE) 1st PDE by MD	1 / Encounter day then 1 / Encounter 6 mos	\$601.00 (OO)	\$406.44 (OO)	90792	90792	90792
			\$657.00 (HA)	\$656.30 (HA)			
			\$661.00 (GT)	\$660.66 (GT)			
H013	Psychiatric Diagnostic Evaluation with Medical - Advanced Practice Registered Nurse (PDE - APRN) 1st PDE by APRN	1 / Encounter day then 1 / Encounter 6 mos	\$330.00	\$329.08 (SA)	90792	90792	90792
				329.58 (HW)			
H095	Psychiatric Diagnostic Evaluation with Medical - Physician Assistant (PDE - PA) 1st PDE by PA	1 / Encounter day then 1 / Encounter 6 mos	\$330.00	\$329.08 (AM)	90792	90792	90792
				\$329.58 (UI)			
H014	Behavioral Health Screening Alcohol/Drug (BHS)	2 / 15 units day	\$44.00	\$40.26	H0002	H0002	H0002
H016	Injection Administration (INJ.ADM)	40 / 15 units month	\$25.00	\$3.88	96372	96372	96372
H017	MH Service Plan Development by Non Physician (SPD)	2 / 15 min units day	\$44.00	\$40.93	H0032	N/A	99366 (>30 mins)
H017-T	MH Service Plan Development by Non-Physician via telephone (SPD)				H0032	N/A	99441 (5-10 mins) 99442 (11-20 mins) 99443 (21-30 mins)
H021-O	Nursing Services (NS)	7 / 15 min units day	\$48.00	\$43.52	T1002	N/A	T1002
H021-M	Nursing Services Medication Monitoring (NS)	7 / 15 min units day			T1002	99211	99211
H021-T	Nursing Service via telephone (NS)	2 / 15 min units day			T1002	N/A	98966 98967 98968
H031	Targeted Case Management - In-Field (TCM)	16 / 15 min units day	\$42.00	\$20.00	T1017	N/A	N/A
H032	Targeted Case Management - In-CMHC (TCM)	16 / 15 min units day	\$42.00	\$15.00	T1016	N/A	N/A

SERVICE CODE	SERVICE DESCRIPTION AND ABBREVIATION	FREQUENCY/ TIME SPAN	SCDMH SERVICE CHARGE	MEDICAID RATE	MEDICAID PROC CODE	MEDICARE PROC CODE	OTHER PAYERS PROC CODE
H052	Medical Evaluation and Management for Established Patient/Subsequent PDE (MD)	1 / Encounter day	\$125.00 (00)	\$124.68 (00)	99213 (15 mins)	99213	99213
			\$133.00 (GT)	\$132.18 (GT)			
			\$247.00 (00)	\$246.28 (00)	99214 (25 mins)	99214	99214
			\$265.00 (GT)	\$264.37 (GT)			
			\$394.00 (00)	\$393.69/1 (00)	99215 (40 mins)	99215	99215
			\$397.00 (GT)	\$396.55 (GT)			
H053	Medical Evaluation and Management for Established Patient/Subsequent PDE (APRN)	1 / Encounter day	\$66.00	\$65.82 (SA)	99213 (15 mins)	99213	99213
			\$132.00	\$131.30 (SA)	99214 (25 mins)	99214	99214
			\$195.00	\$194.84 (SA)	99215 (40 mins)	99215	99215
H096	Medical Evaluation and Management for Established Patient/Subsequent PDE (PA)	1 / Encounter day	\$66.00	\$65.82 (AM)	99213 (15 mins)	99213	99213
			\$132.00	\$131.30 (AM)	99214 (25 mins)	99214	99214
			\$195.00	\$194.84 (AM)	99215 (40 mins)	99215	99215
H056	Psychosocial Rehabilitation Services PRS	24 / 15 min units day	\$26.00 RN (OTD) \$11.00 MHP (OHD) \$10.00 BA (OHN) \$ 10.00 LPN (OTE)	\$19.43 RN (OTD) \$10.23 MHP (OHD) \$9.88 BA (OHN) \$9.88 LPN (OTE)	H2017	N/A	N/A
H057	Family Support - Children Only	32 / 15 min units day	\$48.00 RN (OTD) \$45.00 MHP (OHD) \$40.00 BA (OHN)	\$42.95 RN (OTD) \$39.76 MHP (OHD) \$37.51 BA (OHN)	S9482	N/A	N/A
H058	Behavior Modification - Children Only	32 / 15 min units day	\$45.00 MHP (OHD) \$40.00 BA (OHN)	\$39.76 MHP (OHD) \$37.51 BA (OHN)	H2014	N/A	N/A
H059	Peer Support Services	16 / 15min units day	\$15.00 ≤ BA (OHN)	13.24 ≤ BA (OHN)	H0038	N/A	N/A
H060-001	Service Plan Development Interdisciplinary Team With Client (SPDIT)	1 / Encounter (unit) day up to 6 / Encounters 12 mos	\$88.00	\$80.24	99366	N/A	N/A
H060-002	Service Plan Development Interdisciplinary Team Without Client (SPDIT-NC)	1 / Encounter (unit) day up to 6 / Encounters 12 mos	\$87.00	\$80.27	99367	N/A	N/A

This CMHC Billing Reference List (List) does not supersede the billing procedures, standards or requirements of any payers. Staff is encouraged to refer to payers' policies and procedures for additional guidance, as needed. Information contained in this List is not intended to represent professional standards of practice for coders or billing staff. Differences in the List and the billing system programming may be due to inaccuracies in the programming or the List or both.

CMHC BILLING REFERENCE LIST (CONTINUED)

NOTES

- The column labeled "Frequency/Time Span" includes the number of units or encounters per day. For example, "24/15 min units day" means that one can bill up to 24 units of 15 minutes (6 hours) per day. This column also includes secondary frequency limits for some services, i.e., HO12, HO13, and HO60. The restriction to HO12 does not impact telepsychiatry because of the nature of the service in the ED. For other than telepsychiatry at the ED, this service should be billed at the onset of treatment for the initial psychiatric assessment and may be billed no more than once every six months thereafter. HO60-001 and -002 can be billed up to six days in twelve months since the service is billed as an encounter that equals one unit a day.
- Providers included in the delivery of RBHS are limited to RN, MHP, BA, and LPN.
- Behavior Modification and Family Support Services are only to be provided to children and adolescents.
- Reimbursable Medicaid codes for use in the CMHS Program are found in Section 4 of SCDHHS's CMHS Provider Manual. Medicaid fee-for-service rates can be found on SCDHHS's website in the Injectable Drug Fee Schedule.
- Injectable medications for psychiatric diagnoses found in the South Carolina FFS Fee schedule are available to SCDMH. They will be reimbursed in accordance with the South Carolina Physicians Fee Schedule in effect at the time of service, except for unclassified drug J3490, which will be reimbursed based on documented cost information submitted with the claim. Injectable Medication rates are subject to minimum quarterly reviews and/or update

CMHC Injections

Procedure Code	Injection
J2060	Lorazepam (Ativan), to 2 mg
J1200	Diphenhydramine HCl (Benadryl), up to 50 mg
J0401	Aripiprazole (Abilify Maintena), 1 mg
J0515	Benzotropine Mesylate, up to 1 mg
J1630	Haloperidol, up to 5 mg
J1631	Haloperidol Decanoate, to 50 mg IM
J2426	Paliperidone Palmitate (Invega Sustenna), 1 mg
J2426	Paliperidone Palmitate (Invega Trinza), 3 mg
J2680	Fluphenazine Decanoate (Prolixin), up to 25 mg
J3230	Chlorpromazine HCl (Thorazine), up to 50 mg
J3360	Diazepam (Valium), up to 5 mg
J3410	Hydroxyzine HCl (Vistaril), up to 25 mg
J2794	Risperidone, 0.5 mg
J3486	Ziprasidone Mesylate (Geodon), 10mg

Medicaid

HO12, HO13, HO95 (if applicable) Psychiatric Diagnostic Evaluation with Medical - after the initial PDE is completed, only a subsequent PDE may be submitted.

HO12, HO13, & HO95 is limited to 1 every 6 months.

HO03 Individual Therapy minutes must be face-to-face.

HO60-001 & HO60-002 cannot be billed on the same day as HO02, HO12, HO13, HO17, or HO95.

Services rendered at the center are billed POS 53.

Medicaid Units may be multiplied up to the maximum daily allowed.

Service charge is per unit charge for Medicaid.

Modifiers

52 - Reduced Services

25 - Significant, separately identifiable E/M services by the same physician on the same day of other services

GT - Telepsychiatry

GY - Telepsych ineligible service

SA - used when billing Medicaid HO13 (PDE APRN) when provided to an adult and with CIS SERVICE CODE HO53

HW- used when billing Medicaid HO13 (PDE APRN) provided to a child (under 21)

AM - used when billing Medicaid HO95 (PDE PA) when provided to an adult and with CIS SERVICE CODE HO96

UI - used when billing Medicaid HO95 (PDE PA) provided to a child (under 21)

HF - Substance Abuse Program (Medicaid only)

HA - used when billing Medicaid HO12 (PDE MD) provided to a child (under 21)

OO - used when billing Medicaid HO12 (PDE MD) when provided to an adult and with CIS SERVICE CODE HO52

XE - Separate Encounter NCCI Column 2 procedure (Medicare/Medicaid MCOs)

XP - Separate Practitioner NCCI Column 2 procedure (Medicare/Medicaid MCOs)

Other

A maximum of 1 encounter of either 90832, 90834, or 90837 is allowed per day.

A maximum of 1 encounter of either 99213, 99214, or 99215 is allowed per day.

90792 limited to 1 per year for Medicare.

Billable procedure codes are auto mapped for CIS Service Codes HO12, HO13, HO52, and HO53 by data mining.

Medicare services rendered at the center are billed POS 11.