

**General Statements**

In general these services may not be billed during an IP stay. Exceptions will be made for the day of admission.  
 PRP encounters occurring during an IP stay do not count towards meeting encounter minimums.  
 PRP and general therapy services may not be billed in the same month as ACT, except during a transition month. Exception by case is available.  
 PRP, general therapy codes, crisis, TBS, SEP, may be billed on the same day but must follow the unique exceptions per sections below.  
 For RRP bed days use T2048 and when current RRP consumer in a crisis bed use H0019 for the RRP bed and allow other residential crisis codes.  
 96101 - 96102 (Psychological Testing) - Maximum of 8 hours per year.  
 H0032 - Interdisciplinary Team Tax planning - Maximum 2 per per year. Same provider. OMHC only  
 H2023 - SEP Job Coaching - Lifetime benefit of \$2,750  
 H2024 - SEP - Pre-Placement - Maximum 3 per year.  
 H2024-21 - SEP Job Placement - Maximum 3 per year.  
 H2026 - Ongoing support - Maximum 1 per month.  
 T1023 - Trans PRP - Only one per month per consumer while in hospital - non FFP.

**Individual**

**Procedure**

90791 & 90792 (w/ or w/out a GT/22 mdf) - Psychiatric diagnostic interview  
 90832 (w/ or w/out a GT mdf) - Individual psychotherapy (30 min)  
 90833 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (30 min) w/ evaluation and management  
 90834 (w/ or w/out GT mdf) - Individual psychotherapy (45 min)  
 90836 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (45 min) w/ evaluation and management  
 90846 - Family psychotherapy without patient present  
 90847 - Family psychotherapy with patient present (45-60 min)  
 90847-52 - C&A Family psychotherapy with patient present--Abbrev  
 90853 - Group psychotherapy (not multi-family.) 45-60 minutes  
 90875 - Indiv psychophysio therapy incl biofdbk (20-30 min)  
 90876 - Indiv psychophysio therapy incl biofdbk (45-50 min)

**Only one from this group per day, per consumer regardless of the provider**

**Exception**

99201-99205 or 99211-99215 (w/ or w/out the GT/HE mdf) - Evaluation and Management mgmt may be billed on the same day as 90832, 90834 (w/ or w/out the GT mdf), 90846, 90847, 90847-52, 90853, 90875, 90876 as long as therapy and evaluation and management are provided by two different providers.

**Clinic**

**Procedure**

90791 & 90792 (w/ or w/out a GT/22 mdf) - Psychiatric diagnostic interview  
 90832 (w/ or w/out a GT mdf) - Individual psychotherapy (30 min)  
 90833 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (30 min) w/ evaluation and management  
 90834 (w/ or w/out GT mdf) - Individual psychotherapy (45 min)  
 90836 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (45 min) w/ evaluation and management  
 90837 - Individual psychotherapy (60 min) \* OMHC Only  
 90838 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (60 min) w/ evaluation and management  
 \* OMHC Only  
 90846 - Family psychotherapy without patient present  
 90847 - Family psychotherapy with patient present (45-60 min)  
 90847-52 - C&A Family psychotherapy with patient present--Abbrev  
 90849 - Multiple family group psychotherapy 45 - 60 minutes \* OMHC Only  
 90849-52 - Multiple family group psychotherapy--Abbrev \* OMHC Only  
 90853 - Group psychotherapy (not multi-family.) 45-60 minutes  
 90853-21 - Group psychotherapy prolonged (More than 75 minutes) - OMHC Only  
 90875 - Indiv psychophysio therapy incl biofdbk (20-30 min)  
 90876 - Indiv psychophysio therapy incl biofdbk (45-50 min)  
 H0032 - Interdisciplinary team tx plng w/patient present  
 H2027 - Family psycho-education with the consumer present \* OMHC Only  
 H1011 - Family psycho-education without consumer present \* OMHC Only

**Maximum of two services per day.**

**Exclusion**

Only one 99201-99205 or 99211-99215 (w/ or w/out the GT/HE mdf) per day  
 Only one 90791 & 90792 (w/ or w/out a GT/22 mdf) per day  
 Only one 90832 (w/ or w/out GT mdf); 90834 (w/ or w/out GT mdf); 90837 per day  
 Only one 90833 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf); 90836 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf); 90838 in combination with 99201-99205 or 99211-99215-99215 (w/ or w/out GT mdf) per day

May not bill a 90791/90792 and a 90832/90833 or 90834/90836 or 90837/90838 on the Same Day

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May not bill 90833 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdfrr); 90836 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdfrr); 90838 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdfrr) on same day as 90832 (w/ or w/out a GT mdfrr); 90834 (w/ or w/out GT mdfrr); 90837 (w/ or w/out GT mdfrr)  
May not bill 90846 & 90847 on the same day  
May not bill 90791 & 90792 (w/ or w/out a GT/22 mdfrr) and H0032 on the same day  
Only one 90853 per day  
May not bill 90846, 90847, 90849, H2027, H1011 on same day as 90853  
99201-99205 or 99211-99215 (w/ or w/out the GT/HE mdfrrs) - Evaluation and Management mgmt is not included in the two service per day rules but all other exclusions apply. Chart review must support service provided by different rendering provider than therapy provider.

**Mobile Treatment Providers Only**

**Procedure**

H0040-21 - Assertive Community Treatment (ACT) EBP \*\*\*  
H0040-U9 - Assertive Community Treatment (ACT) EBP for Medicare consumers \*\*\*  
H0040 - Mobile treatment Non-EBP  
H0040-52 - Mobile treatment Non-EBP for Medicare consumers  
\*\*\* EBP Providers Only

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**Crisis Providers Only**

**Procedure**

S9485 - Residential crisis services (also bill as T2048)  
S5145 - Residential crisis, treatment foster care

**EP Providers Only**

**Procedure**

96150 - Initial Assessment & Development of Behavioral Plan for TBS  
96151 - Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)  
96152 - EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services)

**SE Providers Only**

**Procedure**

H2023 - Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)  
H2024 - Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)  
H2024-21 - Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)  
H2026 - Ongoing support to maintain employment, per month  
H2026-21 - Ongoing support to maintain employment, per month - EBP \*\*\*  
S9445-52 - Clinic coordination - EBP \*\*\* may be billed with all other phases of SE and H2026-21  
\*\*\* EBP Providers Only

**PRP Providers Only**

**Procedure For Monthly Rates**

H0002 - Rehabilitation Assessment  
H2016 - Encounter - only bill w/POS 15 (off-site) or 52 (on-site)  
H2018 - U2 - Any combination of on/off-site PRP svcs for Community client (child or adult under supv of guardian) must use POS 49 & min 3 encounters  
H2018-U2 - Off-site PRP svcs only for Community client must use POS 15 & min 2 encounters  
H2018-U2 - On-site PRP svcs only for Community client must use POS 52 & min 2 encounters  
H2018-U3 - Any combination of on/off-site PRP svcs for Supported Living client (adult living independently) must use POS 49 & min 6 encounters  
H2018-U3 - Off-site PRP svcs for Supported Living client must use POS 15 & min 5 encounters  
H2018-U3 - On-site PRP svcs for Supported Living client must use POS 52 & min 3 encounters  
H2018-U4 - Off-site PRP svcs to Adults in General beds must use POS 15 & min 13 encounters  
H2018-U4 - On-site PRP svcs to Adults in General beds must use POS 52 & min 4 encounters  
H2018-U5 - Off-site PRP svcs to Adults in Intensive beds must use POS 15 & min 19 encounters  
H2018-U5 - On-site PRP svcs to Adults in Intensive beds must use POS 52 & min 4 encounters  
H2018-U6 - Any combination of on/off-site PRP svcs for Adults in General beds must use POS 49 & min 17 encounters  
H2018-U7 - Any combination of on/off-site PRP svcs for Adults in Intensivel beds must use POS 49 & min 23 encounters  
S9445 - Any combination of on/off-site PRP svcs for clients in supported employment must use POS 52 or 15 & min 2 encounters  
  
T1023 - Transitional PRP - Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility must use POS 49 and min 4 encounters for at least 60 min each

**Only 1 provider may bill for blended services per month. There may be two providers paid for PRP during the same month - only if one provider bills the On-Site and the other bills the Off-Site. There is one exception to this rule. If a consumer moves to a different PRP then you may have duplicate services, but it is ONLY for the transition month AND the encounters may not overlap between the providers. Does not apply to S9445. S9445 may be billed in the same month as H2018. The encounters for S9445 must be separate than encounters billed for H2018.**