



Department of Mental Health  
 Division of Behavioral Health  
 Psychiatric Services Catalog  
 Revision Date: 06/26/2015

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Access Crisis Intervention (ACI)	NA	0301W	Unit	This service consists of all components necessary in providing a coordinated mental health response system to be immediately accessible to all persons who may be experiencing a psychiatric crisis and in need of immediate assistance. This service shall be offered on a 24 hour, 7 day a week basis. Services are paid on a prospective quarterly or other time-limited basis.	Eligible Provider: An Administrative Agent designated by the department.
Annual Evaluation: CPR	H0031 52	NA	Each	A comprehensive evaluation, done annually, to determine continued program eligibility and formulate recommendations for treatment, as defined in 9 CSR 30-4.035.	Eligible Providers: An evaluation team consisting of, at least, a physician, one mental health professional as defined in 9 CSR 30-4.030, and a community support specialist.
Assertive Community Treatment Team (ACT)	H0040	NA	Day	This procedure is billable on each day that an enrolled ACT client receives a non-medical direct (face-to-face) service from any team member. The cost of collateral contacts (phone calls, etc.) are built into the rate. The cost of the physician/APN participating in the daily team meetings and other non-medication management activities are also built into the rate. The procedure may only be billed once per day per client; if a client receives multiple direct contacts in a day from non-medical team members, the procedure code is only billed once.	The ACT team rate must be billed on a client specific basis  <u>Assessments:</u> assessment activities by team members qualify for billing the ACT team rate. Providers may bill the ACT team rate on any day that a team member works on the functional assessment activities described in the NAMI-PACT manual.  <u>Documentation:</u> All direct services which result in the billing of the ACT team rate must be documented in the client case record according to current DMH and MO HealthNet requirements that are described in the Code of State Regulations for Core Rules and Mental Health programs. Significant collateral/indirect contacts should also be documented with a progress note in the client case record describing the contact.
Bed Capacity	NA	150BC	Day	Reimbursement for bed day vacancies and crisis bed capacity for the purpose of assuring availability of residential care.	Eligible Provider: An organization approved by the Department of Mental Health, Division of Behavioral Health.
Behavior Analysis (Board Certified Analyst)	H2019	NA	¼ Hour	The design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior through skill acquisition and the reduction of problematic behavior. It includes the identification of functional relationships between behavior and environments. It uses direct observation and measurement of behavior and environment. Contextual factors, establishing operations, antecedent stimuli, positive reinforcers, and other antecedent and consequence based interventions are used, based on identified functional relationships with the environment, in order to produce practical behavior change.	Eligible Providers: Board Certified Behavior Analyst  Must meet certification and credentialing requirements set forth by the Behavior Analyst Certification Board (BACB).
Behavior Analysis (Certified Assistant)	H2019 52	NA	¼ Hour	The design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior through skill acquisition and the reduction of problematic behavior. It includes the identification of functional relationships between behavior and environments. It uses direct observation and measurement of behavior and environment. Contextual factors, establishing operations, antecedent stimuli, positive reinforcers,	Eligible Providers: Board Certified Assistant Behavior Analyst  Must meet certification and credentialing requirements set forth by the Behavior Analyst Certification Board (BACB).

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				and other antecedent and consequence based interventions are used, based on identified functional relationships with the environment, in order to produce practical behavior change.	
Behavioral Health Assessment - CPR	H0002	NA	¼ Hour	The screening and assessment of clients in the maintenance level of care in the CPR program. This service replaced the assessment function in the bundled CPR Brief Evaluation. This procedure code may be billed in the following situations: evaluations of persons being admitted to the CPR program in the maintenance level of care; a level of care transition summary when persons are moving from one level of care to another; any additional evaluation activities needed when an individual is moving from the maintenance to the rehabilitation level of care; any additional evaluation activities needed when an individual transfers from one CPR provider to another, or is admitted to a new CPR provider less than 11 months since the last Intake or Annual Evaluation was completed; evaluation activities for persons admitted to CPR through the Disease Management (DM) 3700 program; time spent completing the DLA-20, a QMHP may bill up to two (2) units of this procedure code, and the billable time should be the actual time spent completing the DLA-20, and may vary from one person to another.	Eligible Provider: QMHP Limitations: This procedure code is limited to 25 hours (100 units) annually per participant.
Case Management (SLF QMHP)	T1016 HO TG	NA	¼ hour	The arrangement and coordination of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve desired outcomes or to access services; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: Sign Language Fluent SLF QMHP
Case Management (SLF QMHP) Telehealth	T1016 HO TG TN	NA	¼ hour	The arrangement and coordination via telehealth of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: Sign Language Fluent SLF QMHP
Case Management (APN)	T1016 AS	NA	¼ hour	The arrangement and coordination of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve desired outcomes or to access services; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: Advance Practice Nurse
Case Management (Child Psychiatrist)	T1016 AF	NA	¼ hour	The arrangement and coordination of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve desired outcomes or to access services; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: Child Psychiatrist

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Case Management (Bachelor Level)	T1016 HN	2000H	¼ hour	The arrangement and coordination of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve desired outcomes or to access services; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: Bachelor Level
Case Management (SLF Bachelor Level)	T1016 HN TG	N/A	¼ hour	The arrangement and coordination of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve desired outcomes or to access services; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: SLF Bachelor Level
Case Management (SLF Bachelor Level) Telehealth	T1016 HN TG TN	N/A	¼ hour	The arrangement and coordination via telehealth of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: SLF Bachelor Level
Case Management (Licensed Psychologist)	T1016 AH	NA	¼ hour	The arrangement and coordination of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve desired outcomes or to access services; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: Licensed Psychologist
Case Management (QMHP)	T1016 HO	NA	¼ hour	The arrangement and coordination of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve desired outcomes or to access services; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: QMHP or License Eligible Psychologist
Case Management (Physician)	T1016	NA	¼ hour	The arrangement and coordination of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve desired outcomes or to access services; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).	Eligible Providers: Physician
Community Support	H0036	NA	¼ hour	Activities designed to ease an individual's immediate and continued adjustment to community living by coordinating delivery of mental health services with services provided by other practitioners and	Eligible Provider: A person meeting the requirements in 9 CSR 30-4.034

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				agencies, and monitoring client progress in organized treatment programs, as defined in 9 CSR 30-4.043.	(2) (J).
Co-Occurring Assessment Supplement	H0031 HH	NA	Unit	Clients with suspected co-occurring substance use disorders and mental health disorders must receive additional assessments to document the co-occurring disorders and assess the interaction of the co-occurring disorders over time. The completion of the co-occurring assessment will be documented by the submission to the Department of Mental Health of data required by the Department, and the development of a comprehensive integrated treatment plan which utilizes evidence-based practices to address problems related to the co-occurring disorders.	Eligible Providers: Must be either a qualified mental health professional or a qualified substance abuse professional and meet co-occurring counselor competency requirements established by the Department of Mental Health.  Limit 1 per treatment episode and annual reassessments if needed
Co-Occurring Group Counseling	H0005 HH	NA	¼ hour	Face-to-face, goal-oriented therapeutic interaction among a counselor and two (2) or more clients as specified in individual rehabilitation plans designed to promote clients' self-understanding, self-esteem and resolution of personal problems related to the clients documented mental disorders and substance use disorders through personal disclosure and interpersonal interaction among group members.	Eligible Providers: Must be either a qualified mental health professional or a qualified substance abuse professional and meet co-occurring counselor competency requirements established by the Department of Mental Health.  Co-occurring group counseling utilizes evidence-based practices. Group size may not exceed 10 clients. Limit 12 units per day.
Co-Occurring Group Education	H0025 HQ HH	NA	¼ hour	<p>Informational and experiential services designed to assist individuals, family members, and others identified by the individual as a primary natural support, in the management of substance use and mental health disorders. Services are delivered through systematic, structured, didactic methods to increase knowledge of mental illnesses and substance use disorders which includes integrating emotional aspects in order to enable the participants—consumers as well as family members—to cope with the illness and understand the importance of their individual plan of care.</p> <p>The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, symptoms, understanding of the "triggers" of crisis, crisis planning, community resources, recovery management, medication action and interaction, etc.</p> <p>Co-occurring group education will focus on evidence-based practices such as promotion of client participation in peer self-help, brain chemistry and functioning, latest research on illness causes and treatments, medication education and management, symptom management; behavior management; stress management; improving daily living skills, independent living skills; etc.</p>	Eligible Providers: Must have documented education and experience related to the topic presented and either be or be supervised by a qualified mental health professional or a qualified substance abuse professional who meets co-occurring counselor competency requirements established by the Department of Mental Health.  Group size is limited to 20 clients. Limit 12 units per day
Co-Occurring Individual Counseling	H0004 HH	NA	¼ hour	A structured, goal-oriented therapeutic process in which an individual interacts on a face-to-face basis with a counselor in accordance with the client's rehabilitation plan in order to resolve problems related to the clients documented mental disorders and substance use disorders which interfere with the client's functioning. Individual co-occurring counseling involves the use of evidence-based practices such as motivational interviewing, cognitive behavior therapy and relapse prevention.	Eligible Providers: Must be either a qualified mental health professional or a qualified substance abuse professional and meet co-occurring counselor competency requirements established by the Department of Mental Health.  Individual co-occurring counseling may include face-to-face interaction with one (1) or more members of the client's family for the purpose of assessment or supporting the client's recovery. Limit 12 units per day

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CPR Professional PSR: Individual	H2017 HO	NA	¼ hour	Individualized mental health interventions using a skills based approach to address identified behavioral problems and functional deficits relating to a mental disorder that interferes with an individual's personal, family, or community adjustment. Services must be documented according to the requirements set forth in 9 CSR 30-4.035 8 (B).	<p>Eligible Providers: An agency certified to provide an Adult Community Psychiatric Rehabilitation program (CPR) by the Missouri Department of Mental Health.</p> <p><u>Qualified Staff:</u>  Professional counselor licensed under Missouri law and with specialized training in mental health services.  Clinical social worker licensed under Missouri law and with specialized training in mental health services.  Provisionally licensed staff may also provide this service.</p> <p><u>Specialized Training:</u>  *All required training must be documented in personnel files according to 9 CSR 30-4.034 (11). Staff providing individual and group professional psychosocial rehabilitation services must have the following initial training:  *Orientation and training to the CPR program as described in 9 CSR 30-4.034 7 A (1-7)  *Documentation and Medicaid compliance training: materials available on the DMH web site at:  <a href="http://www.dmh.mo.gov/cps/provider/training/DocumentationTraining.htm">http://www.dmh.mo.gov/cps/provider/training/DocumentationTraining.htm</a></p> <p><u>Additional Training Requirements:</u>  Staff providing individual/group professional psychosocial rehabilitation services must have the following additional training within six (6) months:  *Additional training as described in 9 CSR 30-4.034 7 D (1-9)  *Cognitive behavioral therapy (2.5 hrs)  *Creating a recovery based mental treatment plan (2 hrs)  *Illness management and recovery (2.5 hrs)  *Introduction to DBT (2 hrs)  *IDDT incl. Motivational interviewing and stage-wise treatment ( 2 hrs)  *Motivational interviewing (4 hrs)  *Suicide prevention (2 hours)  *PTSD (1 hr)  *Medications, basic diagnostic principles, collaboration with prescribers (1 hr)  *Older adults with psychiatric illness (1 hr)</p> <p><u>Note:</u> Much of the continuing training and education required for staff is available in the E-Learning catalog. If a staff person has already received training in an area, the requirement may be waived if the training is documented in the personnel record. The agency may also request an exception to the portions of the training curriculum not relevant to their work.</p>

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CPR Professional PSR: Group	H2017 HO HQ	NA	¼ hour	Group mental health interventions using a skills based approach to address identified behavioral problems and functional deficits relating to a mental disorder that interferes with an individual's personal, family, or community adjustment. Maximum group size is one professional to five consumers. Services must be documented according to the requirements set forth in 9 CSR 30-4.035 8 (B).	<p>Eligible Providers: An agency certified to provide an Adult Community Psychiatric Rehabilitation program (CPR) by the Missouri Department of Mental Health.</p> <p><u>Qualified Staff:</u>  Professional counselor licensed under Missouri law and with specialized training in mental health services.  Clinical social worker licensed under Missouri law and with specialized training in mental health services.  Provisionally licensed staff may also provide this service.</p> <p><u>Specialized Training:</u>  *All required training must be documented in personnel files according to 9 CSR 30-4.034 (11). Staff providing individual and group professional psychosocial rehabilitation services must have the following initial training:  *Orientation and training to the CPR program as described in 9 CSR 30-4.034 7 A (1-7)  *Documentation and Medicaid compliance training</p> <p><u>Additional Training Requirements:</u>  Staff providing individual/group professional psychosocial rehabilitation services must have the following additional training within six (6) months:  *Additional training as described in 9 CSR 30-4.034 7 D (1-9)  *Cognitive behavioral therapy (2.5 hrs)  *Creating a recovery based mental treatment plan (2 hrs)  *Illness management and recovery (2.5 hrs)  *Introduction to DBT (2 hrs)  *IDDT incl. motivational interviewing and stage-wise treatment (2 hrs)  *Motivational interviewing (4 hrs)  *Suicide prevention (2 hours)  *PTSD (1 hr)  *Medications, basic diagnostic principles, collaboration with prescribers (1 hr)  *Older adults with psychiatric illness – 1 hr</p> <p><u>Note:</u>  Much of the continuing training and education required for staff is available in the E-Learning catalog. If a staff person has already received training in an area, the requirement may be waived if the training is documented in the personnel record. The agency may also request an exception to the portions of the training curriculum not relevant to their work.</p>

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Crisis Alternative Services: Youth	NA	9601W	Unit	This service consists of providing start-up funding for the recruitment and training of professional staff, family assistance workers, crisis and respite bed providers, and other services approved by the Division of Behavioral Health.	Eligible Providers: An agency approved by the Department of Mental Health, Division of Behavioral Health.
Crisis Intervention (SLF QMHP)	H2011 HO TG	NA	¼ hour	Emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone cannot be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.	Eligible Providers: Sign Language Fluent SLF QMHP
Crisis Intervention (SLF QMHP) Telehealth	H2011 HO TG TN	NA	¼ hour	Emergency services, via telehealth, which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Crisis intervention services must document the presenting problem, the scope of service provided and resolution.	Eligible Providers: Sign Language Fluent SLF QMHP
Crisis Intervention (APN)	H2011 AS	0304H	¼ hour	Emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone cannot be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.	Eligible Providers: Advance Practice Nurse
Crisis Intervention (Child Psychiatrist)	H2011 AF	0305H	¼ hour	Emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone cannot be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.	Eligible Providers: Child Psychiatrist
Crisis Intervention (Licensed Psychologist)	H2011 AH	0302H	¼ hour	Emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone cannot be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.	Eligible Providers: Licensed Psychologist
Crisis Intervention (QMHP)	H2011	0301H	¼ hour	Emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone cannot be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.	Eligible Providers: QMHP
Crisis Intervention (Physician)	H2011 AM	0303H	¼ hour	Emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone cannot be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.	Eligible Providers: Physician
Crisis Intervention (Resident)	H2011 GC	0306H	¼ hour	Emergency services which are immediately available to a client, family member or significant other to ameliorate emotional trauma precipitated by a specific event. Services may be provided by telephone or face to face. Services provided by telephone cannot be charged if the provider has a telephone hotline. Telephone crisis intervention services must document the presenting problem, the scope of service provided and resolution.	Eligible Providers: Resident

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Crisis Intervention Team	NA	9508W	Unit	This service will involve a variety of activities related to the development, implementation or enhancement of the Crisis Intervention Team (CIT) program. Services will include activities that assist local law enforcement departments in effectively responding to individuals experiencing a psychiatric crisis.	Eligible Providers: Administrative Agent approved by Department
Crisis Services: Schools	NA	03F1F	Day	Routine individual, clinical and programmatic supervision of school based intensive targeted case manager. Service includes meetings with school district personnel to identify eligible children and home and community based assessment as needed.	Eligible Providers: QMHP
Day Care: Homeless Program	NA	45H6X	Day	Day care, screening and treatment for homeless individuals who experience mental health and or substance use. Counselors screen clients and may provide counseling, treatment planning, case management and referral to community mental health services. Services may also include hot meals, showers, access to laundry, use of agency mailing address and opportunities to socialize in a safe environment.	Eligible Providers: Providers approved by the Department.
Day Treatment: Youth	H2012 HA	NA	Hour	Goal-oriented therapeutic services focusing on the stabilization and management of acute or chronic symptoms which have resulted in functional deficits. Planned, structured, and supervised programs provided in a group setting to help individuals improve social interaction skills, self-esteem, interpersonal relationships, and acquire skills, interests, and knowledge for vocational, educational, and community adjustment.	Eligible Providers: A program licensed and approved by the Division. Provide three (3) hours or more per day but less than seven hours; Goal-oriented therapeutic services focusing on the stabilization and management of acute or chronic symptoms which have resulted in functional deficits. Service components include medication management, group psychotherapy, self-help groups, personal growth, occupational therapy, and the availability of psychiatric consultation. Services are to be provided through a structured program supervised by a mental health professional. Travel costs are included in the program and are not billed separately.
DBT Consultation Team Meeting	NA	37301	Unit	Weekly two hour meeting of all DBT providers in an agency or treatment group. The meeting strictly adheres to the principles and practices of a Consultation Team as defined in the text Cognitive Behavior Therapy for Borderline Personality Disorder, by Marsha Linehan (1993). Anyone providing a component of DBT comprehensive treatment to clients is required to attend this team meeting weekly, with a 90% requirement yearly, inclusive of vacation and sick leave.	Eligible Providers: All licensed and unlicensed providers in a DBT program. Weekly DBT Consultation Team meeting minutes. Minutes are to include the following elements: date, time, and length of meeting; members present and absent; and a brief description of activities covered under each of the following headings: mindfulness, repairs, behavior chain analysis, teaching, consultation, administrative activities, observer comments, and carry over to the next meeting. Minutes must be submitted to the DMH DBT Program Coordinator.
DBT Treatment: Individual	H2019 U1	NA	¼ Hour	One hour face to face weekly meeting between a qualified provider and a client that has been accepted into a Dialectical Behavior Therapy program via a formal Orientation and Commitment process. Both pre-treatment and treatment procedures follow processes as described in Cognitive-Behavioral Treatment of Borderline Personality Disorder written by Marsha Linehan (1993). The provider is the primary “skills coach” for the DBT client, offering coaching outside of sessions as needed. The provider attends the two-hour DBT Consultation Team on a weekly basis. Initial involvement in the comprehensive program (group skills training, individual, and coaching) is typically recommended for one year, though clients may be recommended for a shorter or longer term of treatment following consultation with the DBT Team.	Eligible Providers: Clinician approved by the Department to deliver DBT services. Progress note meeting the requirements of 9 CSR 10-7.030 (11) (D).
DBT Treatment: Group	H2019 U1 HQ	NA	¼ hour	Weekly two hour skills-focused group co-led by qualified providers. The group strictly adheres to the treatment defined in <u>Skills Training Manual for Treating Borderline Personality Disorder</u> by Marsha Linehan (1993). Skills trainers are members of a DBT Consultation Team and provide skills coaching outside of group sessions to participants as needed. Each participant in the group is	Eligible Providers: Clinician approved by the Department to deliver DBT services. Progress note meeting the requirements of 9 CSR 10-7.030 (11) (D).

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				required to attend concurrent Individual DBT-Based treatment. A typical term of treatment is one year, and this may be shortened or lengthened based upon recommendations of the DBT Consultation Team and Individual DBT Provider.	
Dental (Adult Inpatient Diversion)	D9999	NA	Unit	Medically necessary dental services provided to individuals receiving Adult Inpatient Diversion treatment.	<p>Eligible Providers: The Adult Inpatient Diversion program approved by the Division.</p> <p>Preventative care such as routine teeth cleaning and x-rays are a covered service. Dentures are a covered service. Cosmetic dental work, such as orthodontic braces and teeth whitening, is not a covered service.</p> <p>An itemized invoice for dental services rendered by an independent dental professional must be maintained in the consumer record.</p>
Domiciliary Evaluation/Management (APN), Established patient	99334 SA	NA	Unit	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	Eligible Providers: Advance Practice Nurse
Domiciliary Evaluation/Management (Psychiatric Pharmacist), Established patient	99334 HE	NA	Unit	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	Eligible Providers: Psychiatric Pharmacist
Domiciliary Evaluation/Management (APN), Established patient	99335 SA	NA	Unit	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	Eligible Providers: Advance Practice Nurse

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Domiciliary Evaluation/Management (Psychiatric Pharmacist), Established patient	99335 HE	NA	Unit	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	Eligible Providers: Psychiatric Pharmacist
Domiciliary Evaluation/Management (Child Psychiatrist), Established patient	99334 AF	NA	Unit	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	Eligible Providers: Child Psychiatrist
Domiciliary Evaluation/Management (Child Psychiatrist), Established patient	99335 AF	NA	Unit	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	Eligible Providers: Child Psychiatrist
Domiciliary Evaluation/Management (Physician), Established patient	99334	NA	Unit	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	Eligible providers: Physician
Domiciliary Evaluation/Management (Physician), Established patient	99335	NA	Unit	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's	Eligible providers: Physician

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
				needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	
Entitlement Coordination	NA	03H4W	Unit	Direct or indirect support and administrative services provided to or for individuals to secure and maintain financial entitlements. These services include, but are not limited to, SSI, SSDI, Medicaid, and others. Services encompass entire process from application, appeal, hearings, re-certification, and routine maintenance of required documentation.	Eligible Providers: An individual with a Bachelor's degree in social services or related field and a minimum of one year experience processing of entitlement applications. Equivalent experience may be substituted on the basis of one year of experience for each year of required educational training.
Equine Therapy: Equine Assisted Learning (EAL) - Individual	S8940 HE	NA	1/4 Hour	Equine-Assisted Learning (EAL) is experiential learning in an individual setting (employees, teams, etc.) Participants identify their educational goals and participate in structured activities with a horse designed by the facilitators to achieve the identified educational goals. Individual goals are to enhance communication, build team cohesion, improve leadership skills, or resiliency training for soldiers. Facilitators process the experiential activities with the individual by drawing parallels between the horse and real life experiences.	Eligible Providers: A licensed qualified mental health professional and one equine specialist that are both appropriately trained and certified for the therapy model provided.  Limitations: Individual sessions are on average 1 1/2 hours.  Length of session and number of sessions are determined by the facilitators, participants and driven by the Individual Care Plan.
Equine Therapy: Equine Assisted Learning (EAL) - Group	S8940 HE HQ	NA	1/4 Hour	Equine-Assisted Learning (EAL) is experiential learning in a group setting (employees, teams, etc.) Participants identify their educational goals and participate in structured activities with a horse designed by the facilitators to achieve the identified educational goals. Group goals are to enhance communication, build team cohesion, improve leadership skills, or resiliency training for soldiers. Facilitators process the experiential activities with the group by drawing parallels between the horse and real life experiences.	Eligible Providers: A licensed qualified mental health professional and one equine specialist that are both appropriately trained and certified for the therapy model provided.  Limitations: Group sessions are on average 1 1/2 hours.  Length of session and number of sessions are determined by the facilitators, participants and driven by the Individual Care Plan.
Equine Therapy: Equine Assisted Psychotherapy-Individual	S8940 HA	NA	1/4Hour	Equine Assisted Psychotherapy is usually facilitated using exercises with the horse on the ground versus riding the horse. A horse professional and a licensed clinical therapist usually facilitate the exercises. Candidates for this type of therapy are individuals, groups, employees, and families who are having interpersonal difficulty at school, home, work, etc. Exercises are designed to facilitate experiential and metaphorical learning. Goals are identified in a treatment plan and exercises are individualized to help client achieve their goals.	Eligible Providers: A licensed qualified mental health professional and one equine specialist that are both appropriately trained and certified for the therapy model provided..  Limitations: Individual sessions are on average 1 1/2 hours.  Length of session and number of sessions are determined by the facilitators, participants and driven by the Individual Care Plan.

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Equine Therapy: Equine Assisted Psychotherapy-Group	S8940 HA HQ	NA	1/4Hour	Equine Assisted Psychotherapy is usually facilitated using exercises with the horse on the ground versus riding the horse. A horse professional and a licensed clinical therapist usually facilitate the exercises. Candidates for this type of therapy are individuals, groups, employees, and families who are having interpersonal difficulty at school, home, work, etc. Exercises are designed to facilitate experiential and metaphorical learning. Goals are identified in a treatment plan and exercises are individualized to help client achieve their goals.	<p>Eligible Providers: A licensed qualified mental health professional and one equine specialist that are both appropriately trained and certified for the therapy model provided.</p> <p>Limitations: Individual sessions are on average 1 1/2 hours.</p> <p>Length of session and number of sessions are determined by the facilitators, participants and driven by the Individual Care Plan.</p>
Evaluation/Management (APN), Established patient	99212 SA	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (Psychiatric Pharmacist), Established patient	99212 HE	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Psychiatric Pharmacist
Evaluation/Management (APN), Established patient	99213 SA	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (Psychiatric Pharmacist), Established patient	99213 HE	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Psychiatric Pharmacist

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management (APN), Established patient	99214 SA	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (Psychiatric Pharmacist), Established patient	99214 HE	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Psychiatric Pharmacist
Evaluation/Management (APN), Established patient	99215 SA	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (Psychiatric Pharmacist), Established patient	99215 HE	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Psychiatric Pharmacist
Evaluation/Management (APN), New patient	99201 SA	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (APN), New patient	99203 SA	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management (APN), New patient	99204 SA	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (APN), New patient	99205 SA	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (APN-ACT), Established patient	99212 SA HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management – (Psychiatric Pharmacist-ACT), Established patient	99212 HE HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Psychiatric Pharmacist
Evaluation/Management (APN-ACT), Established patient	99213 SA HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management – (Psychiatric Pharmacist-ACT), Established patient	99213 HE HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Psychiatric Pharmacist
Evaluation/Management (APN-ACT), Established patient	99214 SA HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management – (Psychiatric Pharmacist-ACT), Established patient	99214 HE HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Psychiatric Pharmacist
Evaluation/Management (APN-ACT), Established patient	99215 SA HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management – (Psychiatric Pharmacist-ACT), Established patient	99215 HE HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Psychiatric Pharmacist
Evaluation/Management (APN-ACT), New patient	99201 SA HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination;	Eligible Providers: Advance Practice Nurse

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				straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	
Evaluation/Management (APN-ACT), New patient	99202 SA HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (APN-ACT), New patient	99203 SA HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (APN-ACT), New patient	99204 SA HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse
Evaluation/Management (APN-ACT), New patient	99205 SA HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Advance Practice Nurse

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management (Child Psychiatrist), Established patient	99212 AF	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist), Established patient	99213 AF	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist), Established patient	99214 AF	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist), Established patient	99215 AF	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist), New patient	99201 AF	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management (Child Psychiatrist), New patient	99202 AF	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist), New patient	99203 AF	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist), New patient	99204 AF	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist), New patient	99205 AF	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist-Telehealth), Established patient	99212 AF TN	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist-Telehealth), Established	99213 AF TN	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded	Eligible Providers: Child Psychiatrist

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
patient				problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	
Evaluation/Management (Child Psychiatrist-Telehealth), Established patient	99214 AF TN	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist-Telehealth), Established patient	99215 AF TN	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist-Telehealth), New patient	99201 AF TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist-Telehealth), New patient	99202 AF TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist-Telehealth), New patient	99203 AF TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management (Child Psychiatrist-Telehealth), New patient	99204 AF TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Child Psychiatrist-Telehealth), New patient	99205 AF TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Eligible Providers: Child Psychiatrist
Evaluation/Management (Physician), Established patient	99212	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician), Established patient	99213	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician), Established patient	99214	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management	99215	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent	Eligible providers: Physician

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
(Physician), Established patient				with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	
Evaluation/Management (Resident), Established patient	99212 GC	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Resident
Evaluation/Management (Resident), Established patient	99213 GC	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Resident
Evaluation/Management (Resident), Established patient	99214 GC	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Resident
Evaluation/Management (Resident), Established patient	99215 GC	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Resident
Evaluation/Management (Physician), New patient	99201	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management (Physician), New patient	99202	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician), New patient	99203	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician), New patient	99204	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician), New patient	99205	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Resident), New patient	99201 GC	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Resident

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management (Resident), New patient	99202 GC	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Resident
Evaluation/Management (Resident), New patient	99203 GC	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Resident
Evaluation/Management (Resident), New patient	99204 GC	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Resident
Evaluation/Management (Resident), New patient	99205 GC	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Resident
Evaluation/Management (Physician-ACT), New patient	99201 HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-ACT), New patient	99202 HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with	Eligible providers: Physician

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
				other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	
Evaluation/Management (Physician-ACT), New patient	99203 HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-ACT), New patient	99204 HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-ACT), New patient	99205 HK	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-ACT), Established patient	99212 HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-ACT), Established patient	99214 HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management (Physician-ACT), Established patient	99215 HK	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-Telehealth), Established patient	99212 TN	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-Telehealth), Established patient	99213 TN	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-Telehealth), Established patient	99214 TN	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-Telehealth), Established patient	99215 TN	NA	Unit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evaluation/Management (Physician-Telehealth), New patient	99201 TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-Telehealth), New patient	99202 TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-Telehealth), New patient	99203 TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-Telehealth), New patient	99204 TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician
Evaluation/Management (Physician-Telehealth), New patient	99205 TN	NA	Unit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Eligible providers: Physician

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Evidence Based Practices (EBP)	H0037 HA	NA	Day	Support services for Intensive EBP is service implementation of supports for treatments that have been proven demonstratively effective for children and youth. The selected EBP is based on the specific child's needs and desired outcomes and is identified on the treatment plan. Activities associated with the service include but are not limited to: extensive monitoring and data collection; specific skills training components in a prescribed or natural environment; and prescriptive responses to psychiatric crisis and/or frequent contact with the child or family in addition to the arranged therapy sessions.	<p>Eligible Providers: An agency approved by the Division of Behavioral Health.</p> <p>Limitations: EBP is a daily rate that cannot be billed in conjunction with H0037 or with H0037TGHA. Evidenced based practices billable to this procedure code are limited to: Functional Family Therapy, Multi-Systemic Therapy, and Dialectical Behavior Therapy. Additional evidenced based practices may be added as billable at the discretion of the Division of Behavioral Health.</p>
Family Assistance	H2014 HA	NA	¼ hour	These services are provided for a child/adolescent and/or the family. The services can be provided in the home or in a variety of settings; i.e., school, travel to and from school, home, social/peer settings, or in a group or one-to-one supervisions. Services may be provided during varying hours of the day to best fit the need of the child/adolescent/family. Activities provided in the delivery of services may include home living and community skills, transportation, working with the adult members on parenting skills, communication and socialization, arranging appropriate services for family and child/adolescent including services and resources available in the community and leisure activities for the child/adolescent.	<p>Eligible Providers: Graduation from an accredited college or university with a Bachelor's Degree in the field of human services; i.e., psychology, social work, education, etc., or an Associate Degree from an accredited college or university with one (1) year experience working with emotionally distressed child/adolescents, or a High School Diploma with two (2) years' experience working with emotionally distressed children/adolescents, abused/neglected children/adolescents and their families in an inpatient, out-patient or community setting. Current certification in Coronary Pulmonary Resuscitation (CPR), and appropriate training in nonviolent crisis intervention and first aid is also required.</p> <p>Efforts will focus on developing a trusting relationship with child/adolescent such that modeling of appropriate behaviors and coping skills will be more effective. The Family Assistant worker can provide one-on-one services to assist the child/adolescent with activities of daily living or to assure arrival at school or other commitments. The worker can teach appropriate social skills through hands-on experiences; i.e., displaying appropriate social interactions with the child/adolescent, or resolving conflicts with sibling or peers, etc. Other referral agencies used may include leisure community resources, recreation therapy itself, appropriate school resources, or other available community resources.</p>
Family Psychotherapy (without the patient present)	90846 AH	NA	45 minutes	The treatment of mental illness and behavioral disturbances in a family setting without the patient present, in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The actual time spent must be at least 38 minutes.	Eligible Providers: Licensed Psychologist
Family Psychotherapy (without the patient present)	90846 HO	NA	45 minutes	The treatment of mental illness and behavioral disturbances in a family setting without the patient present, in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The actual time spent must be at least 38 minutes.	Eligible Providers: QMHP

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Family Psychotherapy (with the patient present)	90847 AH	NA	45 minutes	The treatment of mental illness and behavioral disturbances in a family setting with the patient present, in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The actual time spent must be at least 38 minutes.	Eligible Providers: Licensed Psychologist
Family Psychotherapy (with the patient present )	90847 HO	NA	45 minutes	The treatment of mental illness and behavioral disturbances in a family setting with the patient present, in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The actual time spent must be at least 38 minutes.	Eligible Providers: QMHP
Family Support	H0038 HA	NA	¼ Hour	This service consists of: Helping individuals connect with other consumers and their communities at large in order to develop a network for information and support; Sharing lived experiences of recovery, sharing and supporting the use of recovery tools, and modeling successful recovery behaviors;	Eligible Providers: An individual that meets the requirements specified in the DBH Family Support Model and has successfully completed the required Family Support training.
FQHC Initiative Implementation	NA	9607W	Unit	Services provided in support of the Department's initiative to provide behavioral health services in Federally Qualified Health Centers (FQHC's) and to provide primary health care services in Community Mental Health Centers (CMHCs).	Eligible Providers: Providers must be prior approved by the Department and submit a work plan for Department approval identifying the project activities and responsibilities of the contractor and the designated FQHC.
Group Psychotherapy	90853 AH	NA	45 minutes	The treatment of mental illness and behavioral disturbances in a group setting, in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The actual time spent must be at least 38 minutes.	Eligible Providers: Licensed Psychologist
Group Psychotherapy	90853 HO	NA	45 minutes	The treatment of mental illness and behavioral disturbances in a group setting, in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The actual time spent must be at least 38 minutes.	Eligible Providers: QMHP

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Health Care Technology Initiative	NA	9506W	Unit	<p>Utilization of health data analytic tools and evidence based interventions to target high-risk Department and DMS Medicaid patients with severe mental illnesses and co-occurring chronic physical health disorders in order to improve their health outcomes.</p> <p><u>Primary activities of the initiative will include, but are not limited to:</u></p> <ul style="list-style-type: none"> <li>*promoting use of evidence-based best practices and coordination of care for persons served by the Department and DMS:</li> <li>*utilization of health care claims to identify Medicaid patients with severe mental illness and co-occurring chronic medical disorders at risk for poor health outcomes and disproportionate Medicaid costs,</li> <li>*analysis of Department and Medicaid behavioral pharmacy claims to provide benchmark reports to clinicians and healthcare organizations whose prescriptive practices deviate from evidence-based research or national expert consensus guidelines,</li> <li>*analysis of behavioral pharmacy claims to identify persons with patterns of medication non-adherence,</li> <li>*educating clinicians and healthcare organizations about medication prescribing practices inconsistent with best-practice guidelines,</li> <li>*providing behavioral and physical health clinicians with key health information to assist with better health care coordination and evidence based clinical recommendations regarding specific care needs.</li> </ul>	<p>Eligible Providers: Administrative Agent approved by Department.</p> <p><u>Requirements:</u></p> <ol style="list-style-type: none"> <li>1) The provider shall collaborate with the Department, DMS and other Administrative Agents in the state, as directed by the Department, in support of and for the implementation of the project activities listed above.</li> <li>2) The provider shall collaborate in a manner that develops a consistent state-wide approach for disease management. Collaborative activities shall be subject to the approval of the Department, in accordance with a Department approved protocol.</li> <li>3) Funds allocated for this initiative may not be utilized for any other purpose and the Department will determine any limits on staff and administrative costs that may be paid from this allocation.</li> <li>4) The provider shall provide access to the Department and DMS to any and all work products and communications related to project initiative.</li> <li>5) The Department and DMS will retain ownership of all data utilized and developed in performance of the project.</li> <li>6) The provider shall not publish or release any information developed from state provided data without the express written consent of the Department and DMS.</li> <li>7) The provider shall make appropriate staff available for project related training, as required by the Department.</li> </ol>
Healthy Ideas Clinical Coach	NA	2007H	¼ hour	<p>Two primary goals of Clinical Coach: 1) to train and support the care coordination/case management staff in developing confidence and acquiring skills to perform depression screenings and assessments, behavioral activation and recognize mental health problems in older adults, and 2) to assure adherence and competence of individual care managers to conduct the intervention as outlined and proven. Activities can include: direct observation of the Healthy Ideas case manager's interactions, reviewing records or discussions of their visits, conferring about individual cases, and training them individually or in groups. Also includes advising Healthy Ideas case managers about clients with complex needs and depressive symptoms that do not improve despite adherence to the Healthy Ideas model. Communication with case managers may be by phone or face-to-face. This position does not involve direct care to program clients.</p>	<p>Eligible Providers: A QMHP from a CMHC that has received Healthy Ideas program training as sanctioned by the Department.</p>
Homeless Services: Access Grant	NA	03H2W	Unit	<p>Services and activities provided directly by the lead agency designated by the Division of Behavioral Health for Access Grant administration. This includes all expenses as per approved budget for project administration and oversight, systems integration, housing development and management, entitlements development and management, shelter services and case management services. All invoicing for services must adhere to requirements of the approved budget and be supported by documented expenses per each budget category.</p>	<p>Eligible Providers: Any provider who is approved by the Division of Behavioral Health.</p>

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Homeless Services: PATH Grant	NA	03H0W	Unit	The purpose of PATH is to serve individuals who (1) (a) are suffering from serious mental illness, (b) co-occurring serious mental illness and substance use or (2) are homeless or at imminent risk of becoming homeless. PATH services include: (1) outreach services; (2) screening and diagnostic services; (3) rehabilitation services; (4) the array of community-based services offered by a community mental health center; (5) alcohol or drug treatment services; (6) staff training of individuals who work in shelters, treatment programs and other sites where homeless individuals require services; (7) case management services, including (a) treatment planning and treatment plan reviews; (b) providing assistance in obtaining and coordinating services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) one-time rental payments to prevent eviction.	Eligible Providers: An agency approved by the Department of Mental Health, Division of Behavioral Health as a PATH provider.  Expenditures and service data will be maintained according to DBH PATH policy guidelines and submitted to the Regional Administrator on a quarterly basis. PATH funding will be allocated on a quarterly basis, pending receipt and approval of expenditure and service data by the Regional Administrator.
Hospital Based Mental Health Services	NA	4300W	Unit	Services include inpatient mental health services, acute psychiatric services, and emergency mental health services.	Eligible Providers: Hospitals accredited by Joint Commission on Accreditation of Hospitals or Missouri Department of Health, Bureau of Hospital Licensing and Certification and approved by the Department of Mental Health.  The contractor shall require all subcontracted providers to submit invoices to the contractor detailing monthly expenditures and services provided. The contractor shall submit monthly invoices to DMH documenting these subcontracted and provided services.
Housing Development and Support	NA	03H3W	Unit	Direct or indirect housing support services provided at the community work site to or for individuals who are DMH eligible clients and who are currently homeless or at risk of becoming homeless. Specific services provided include, but are not limited to, communication with a potential landlord to advocate for a client; mediation with the landlord, case manager, client or other service provider to avert eviction/homelessness; arranging client needs related to housing; maintaining documentation; establishing and maintaining relationships with housing providers; development of additional housing and housing supports in the community; assistance with application for housing and renewal of housing applications under SCLP, Shelter Plus Care, or privately owned and maintained housing within the community.	Eligible Providers: An individual with a Bachelor's degree in community development or related field and a minimum of one year experience in housing coordination/development. Equivalent experience may be substituted on the basis of one year of experience for each year of required educational training.
Housing / Residential Subsidy	T2048	NA	Day	HCPCS Definition – “Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days). With room and board, per diem.”  Division usage - Financial assistance or subsidy for maintaining a consumer in their residential setting. Can include congregate living, supported housing and other settings.	Eligible Providers: Administrative agent or affiliate. Other providers approved by the division.
Implementation / Maintenance	NA	ADMIN	Unit	Administrative payments (such as incentive payments) to providers approved by upper management.	
Implementation / Maintenance	NA	9603W	Unit	Start-up and implementation costs for programs approved by the department.	Eligible Provider: An agency approved by the department.
Implementation/ Maintenance (Disasters)	NA	9603W HW	Unit	Funding to assist providers with implementing and sustaining designated mental health programming specifically related to disasters and/or disaster recovery.	

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Individual Psychotherapy (45 minutes with patient and/or family member)	90834 AH	NA	45 minutes	The treatment of mental illness and behavioral disturbances in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The patient must be present for all or some of the service. The actual time spent must be 38-52 minutes.	Eligible Provider: Licensed Psychologist
Individual Psychotherapy (45 minutes with patient and/or family member)	90834 HO	NA	45 minutes	The treatment of mental illness and behavioral disturbances in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The patient must be present for all or some of the service. The actual time spent must be 38-52 minutes.	Eligible Provider: QMHP
Individual Psychotherapy (60 minutes with patient and/or family member)	90837 AH	NA	60 minutes	The treatment of mental illness and behavioral disturbances in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The patient must be present for all or some of the service. The actual time spent must be at least 53 minutes.	Eligible Provider: Licensed Psychologist
Individual Psychotherapy (60 minutes with patient and/or family member)	90837 HO	NA	60 minutes	The treatment of mental illness and behavioral disturbances in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The patient must be present for all or some of the service. The actual time spent must be at least 53 minutes.	Eligible Provider: QMHP
Information & Education	NA	9400W	Unit	Activities and services designed to promote mental health principles in the community and to increase community awareness of the nature of mental health problems and available services.	Eligible Providers: A service provider approved by the Department of Mental Health, Division of Behavioral Health.
Information & Education (Bachelor Level)	NA	9411H	¼ hour	Activities designed to promote mental health principles in community agencies and increase citizen awareness of the nature of mental health problems and available services.	Eligible Providers: Bachelor Level These activities are not provided to clients and they are not done inside the agency.
Information & Education (QMHP)	NA	9412H	¼ hour	Activities designed to promote mental health principles in community agencies and increase citizen awareness of the nature of mental health problems and available services.	Eligible Providers: QMHP These activities are not provided to clients and they are not done inside the agency.
Information & Education (Licensed Psychologist)	NA	9413H	¼ hour	Activities designed to promote mental health principles in community agencies and increase citizen awareness of the nature of mental health problems and available services.	Eligible Providers: Licensed Psychologist These activities are not provided to clients and they are not done inside the agency.
Information & Education (APN)	NA	9414H	¼ hour	Activities designed to promote mental health principles in community agencies and increase citizen awareness of the nature of mental health problems and available services.	Eligible Providers: Advance Practice Nurse These activities are not provided to clients and they are not done inside the agency.
Initial Hospital Care (APN)	99222 52	NA	Unit	Initial hospital care for the evaluation and management of a patient, which requires these three components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s), and the patient's and/or family's needs. Usually the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	Eligible Providers: Advance Practice Nurse

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Initial Hospital Care (Physician)	99222	NA	Unit	Initial hospital care for the evaluation and management of a patient, which requires these three components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s), and the patient's and/or family's needs. Usually the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	Eligible Providers: Physician
Initial Hospital Care-High Complexity (Physician, Inpatient Diversion))	99222	NA	Unit	Initial hospital care for the evaluation and management of a patient, which requires these three components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s), and the patient's and/or family's needs. Usually the problem(s) requiring admission are of moderate severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	Eligible Providers: Physician
Initial Referral	T1023	0100H	¼ hour	This service consists of obtaining initial demographic descriptions and/or referral to an appropriate service prior to the "Intake Screening" service. May be provided over the telephone.	Eligible Providers: Clerical staff with specialized training, Qualified Advanced Practice Nurse and Qualified Mental Health Professional. Includes time for case review, necessary contacts, and a written report. The written report must be included in the client file; time must be documented in a progress note.
Inpatient Services	0124F	NA	Day	Provision of services in a hospital setting where the patient is provided room, board, and routine monitoring by nursing staff. All appropriate evaluations, treatments, and therapies provided to an inpatient are components included in the daily rate components included in the daily rate.	Eligible Providers: Hospitals accredited by Joint Commission on Accreditation of Hospitals or Missouri Department of Health, Bureau of Hospital Licensing and Certification.
Inpatient Services - Bed Day Vacancy	NA	150SW	Day	Reimbursement for bed day vacancies for the purpose of assuring availability of inpatient or residential care.	Eligible Provider: An organization approved by the Department of Mental Health, Division of Behavioral Health.
Inpatient Services without Psychiatrist	0100F	NA	Day	Provision of services in a hospital setting where the patient is provided room, board, and routine monitoring by nursing staff. All appropriate evaluations, treatments, and therapies except those provided by a psychiatrist to an inpatient are components included in the daily rate	Eligible Providers: Hospitals accredited by Joint Commission on Accreditation of Hospitals or Missouri Department of Health, Bureau of Hospital Licensing and Certification.
Intake Evaluation: CPR	H0031	NA	Each	A comprehensive intake evaluation to determine program eligibility and formulate recommendations for treatment, as defined in 9 CSR 30-4.035.	Eligible Providers: An evaluation team consisting of, at least, a physician and one mental health professional as defined in 9 CSR 30-4.030.
Intake Screening (APN)	H0002 AS	0205H	¼ hour	An initial clinical interview regarding the client's request for assistance. Must include all components outlined in 9 CSR 10-7.030 (2) (A and B) for the purpose of determining the referral path for behavioral health treatment, and need for additional evaluation. An Initial Treatment Plan as outlined in 9 CSR 10-7.030 (2) (C and D) must be completed as part of the intake process.	Eligible Providers: Advance Practice Nurse
Intake Screening (Licensed Psychologist)	H0002 AH	0204H	¼ hour	An initial clinical interview regarding the client's request for assistance. Must include all components outlined in 9 CSR 10-7.030 (2) (A and B) for the purpose of determining the referral path for behavioral health treatment, and need for additional evaluation. An Initial Treatment Plan as outlined in 9 CSR 10-7.030 (2) (C and D) must be completed as part of the intake process.	Eligible Providers: Licensed Psychologist
Intake Screening (QMHP)	H0002 HO	0201H	¼ hour	An initial clinical interview regarding the client's request for assistance. Must include all components outlined in 9 CSR 10-7.030 (2) (A and B) for the purpose of determining the referral path for behavioral health treatment, and need for additional evaluation. An Initial Treatment Plan as outlined in 9 CSR 10-7.030 (2) (C and D) must be completed as part of the intake process.	Eligible Providers: QMHP

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Intake Screening (SLF QMHP)	H0002 HO TG	NA	¼ hour	An initial clinical interview regarding the client's request for assistance. Must include all components outlined in 9 CSR 10-7.030 (2) (A and B) for the purpose of determining the referral path for behavioral health treatment, and need for additional evaluation. An Initial Treatment Plan as outlined in 9 CSR 10-7.030 (2) (C and D) must be completed as part of the intake process.	Eligible Providers: Sign Language Fluent SLF QMHP
Intake Screening (SLF QMHP) Telehealth	H0002 HO TG TN	NA	¼ hour	Initial clinical interview via telehealth regarding the client's request for assistance. Includes a brief social service assessment, psychological assessment, vocational assessment, and client reported physical and medical condition for the purpose of determining the appropriateness of mental health treatment, and need for additional evaluation. An Initial Treatment Plan must be completed as part of the intake process.	Eligible Providers: Sign Language Fluent SLF QMHP
Integrated Employment Support: Group	H2025 HQ	NA	¼ Hour	<p>Direct job coaching/support services provided at the community work site with the goal of assisting individuals in choosing, getting, and keeping competitive employment. The service is provided to individuals not currently eligible or ready for services from the Division of Vocational Rehabilitation Services (DVR). Specific services provided include, but are not limited to, meeting at the work site with the employer, supervisor, or co-workers for needed interventions; mediation between the individual and the employer, supervisor or co-workers; and helping the individual learn specific job related tasks.</p> <p>This service may be used in the following situations:</p> <ul style="list-style-type: none"> <li>*DVR determines that "by clear and convincing evidence that such individual is incapable of benefiting from Vocational Rehabilitation Services in terms of an employment outcome."</li> <li>*An individual has used the maximum time of job coaching reimbursed through DVR, and continues to need this support to maintain employment.</li> <li>*DVR has closed a file due to the individual needing job coaching less than 25% of the time, and continued job coaching is necessary to maintain employment.</li> <li>*It is estimated that an individual will need more than the maximum amount of job coaching through DVR, and could receive the most benefit with a period of intensive job coaching prior to using DVR.</li> <li>*An individual is waiting for eligibility determination and services, and needs job coaching until this service is available through DVR</li> </ul>	<p>Eligible Providers: Community Support Specialist or Psychosocial Rehab Worker.</p> <p><u>Limitations:</u></p> <ul style="list-style-type: none"> <li>*The individual treatment plan must document the need for IES services. When IES is being used prior to the use of DVR, the treatment plan must include a plan for involving DVR, and document progress towards this goal.</li> <li>*If an individual chooses a mobile work crew or enclave setting, then supervision must be billed as IES services using the group rate, even if some individual supervision is provided.</li> <li>*Providers cannot be reimbursed for IES services to work crews when the work crews are working within the PSR or clubhouse. If the work crew or enclave is associated with a PSR, but at a community work site, IES can be billed. However, participants must be paid at least minimum wage.</li> <li>*Providers can be reimbursed for travel to and from the job site. The rate of reimbursement for transportation will be the same as the rate for the IES service being provided.</li> <li>*Providers can be reimbursed for job development, including community volunteer work.</li> <li>*Only services provided at a community work site will be reimbursed. Other services needed to assist in choosing, getting, and keeping employment can be provided through PSR and Community Support</li> </ul> <p><u>Expected Outcomes:</u></p> <ul style="list-style-type: none"> <li>*An increase over time in number of hours per week, wages, and length of time on the job.</li> <li>*Access to employee benefits.</li> <li>*Replacement of job supports with natural supports in the work place.</li> <li>*Frequent opportunities for interaction with non-disabled individuals</li> </ul> <p><u>Documentation:</u></p> <p>Documentation requirements for IES are the same as other POS services, with one exception: due to the nature of this service, it is not necessary to document every event. The provider can use a weekly summary, but must include documentation of progress towards more independence and the expected outcomes listed below. In addition, significant events should be documented as they occur.</p>

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Integrated Employment Support: Individual	H2025	NA	¼ Hour	<p>Direct job coaching/support services provided at the community work site with the goal of assisting individuals in choosing, getting, and keeping competitive employment. The service is provided to individuals not currently eligible or ready for services from the Division of Vocational Rehabilitation Services (DVR). Specific services provided include, but are not limited to, meeting at the work site with the employer, supervisor, or co-workers for needed interventions; mediation between the individual and the employer, supervisor or co-workers; and helping the individual learn specific job related tasks.</p> <p>This service may be used in the following situations:</p> <ul style="list-style-type: none"> <li>*DVR determines that "by clear and convincing evidence that such individual is incapable of benefiting from Vocational Rehabilitation Services in terms of an employment outcome."</li> <li>*An individual has used the maximum time of job coaching reimbursed through DVR, and continues to need this support to maintain employment.</li> <li>*DVR has closed a file due to the individual needing job coaching less than 25% of the time, and continued job coaching is necessary to maintain employment.</li> <li>*It is estimated that an individual will need more than the maximum amount of job coaching through DVR, and could receive the most benefit with a period of intensive job coaching prior to using DVR.</li> <li>*An individual is waiting for eligibility determination and services, and needs job coaching until this service is available through DVR</li> </ul>	<p>Eligible Providers: Community Support Specialist or Psychosocial Rehab Worker.</p> <p><u>Limitations:</u></p> <ul style="list-style-type: none"> <li>*The individual treatment plan must document the need for IES services. When IES is being used prior to the use of DVR, the treatment plan must include a plan for involving DVR, and document progress towards this goal.</li> <li>*If an individual chooses a mobile work crew or enclave setting, then supervision must be billed as IES services using the group rate, even if some individual supervision is provided.</li> <li>*Providers cannot be reimbursed for IES services to work crews when the work crews are working within the PSR or clubhouse. If the work crew or enclave is associated with a PSR, but at a community work site, IES can be billed. However, participants must be paid at least minimum wage.</li> <li>*Providers can be reimbursed for travel to and from the job site. The rate of reimbursement for transportation will be the same as the rate for the IES service being provided.</li> <li>*Providers can be reimbursed for job development, including community volunteer work.</li> <li>*Only services provided at a community work site will be reimbursed. Other services needed to assist in choosing, getting, and keeping employment can be provided through PSR and Community Support</li> </ul> <p><u>Expected Outcomes:</u></p> <ul style="list-style-type: none"> <li>*An increase over time in number of hours per week, wages, and length of time on the job.</li> <li>*Access to employee benefits.</li> <li>*Replacement of job supports with natural supports in the work place.</li> <li>*Frequent opportunities for interaction with non-disabled individuals</li> </ul> <p><u>Documentation:</u></p> <p>Documentation requirements for IES are the same as other POS services, with one exception: due to the nature of this service, it is not necessary to document every event. The provider can use a weekly summary, but must include documentation of progress towards more independence and the expected outcomes listed below. In addition, significant events should be documented as they occur.</p>
Intensive CPR: Adult	H0037 TG HB	NA	Day	Inpatient Diversion is a full array of intense clinical services, delivered to adults in a highly supervised,	Eligible Provider: An organization approved by DMH.

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Inpatient Diversion				24 hour structured therapeutic environment. The service is designed to restore an individual to a prior level of functioning, decrease risk of harm, and prepare for transition to a less restrictive setting. Emergency medical services shall be available on site or in close proximity. Intensive therapeutic services shall be provided in a coordinated effort under the direction of a psychiatrist. Services shall include the following: nursing services, community support, psychiatric rehabilitation, treatment for co-occurring disorders, and other evidence based practices. Psychiatric/physician services and medications shall be billed apart from Inpatient Diversion.	
Intensive CPR: Children's Inpatient Diversion	H0037 TG HA	NA	Day	Inpatient Diversion is a secure 24 hour service environment designed to provide clinical services at the highest level of service intensity and restrictiveness for the protection of the child. Each child will have a well-defined crisis plan that anticipates and accommodates complications during transition to lower levels of care. Emergency medical services are available on-site or in close proximity.	Eligible Providers: An agency approved by the Division of Behavioral Health.  This is a daily rate that cannot be billed in conjunction with H0037HKHA, H0037TFHA, H0037HA, or H0037.
Intensive CPR: CPR	H0037	NA	Day	Intensive supportive services designated to help persons experiencing severe psychiatric conditions, alleviating or eliminating the need for admission into a psychiatric inpatient setting.	Eligible Provider: An agency approved by the department.
Intensive CPR Residential - Clustered Apartments	H0037 HK	NA	Day	Medically necessary on-site services, interventions, and supports in a clustered apartment setting as an alternative to long term hospitalization. Services include but are not limited to monitoring points of ingress/egress, room checks, supportive rehabilitation services around specific activities of daily living or when participants are in crisis.	Eligible Providers: An agency approved by the Division of Behavioral Health.
Intensive CPR Residential - IRTS	H0037 TF	NA	Day	Medically necessary on-site services, interventions, and supports in an intensive residential treatment setting (IRTS) as an alternative to long term hospitalization. Participants in this setting typically have significant difficulties with activities of daily living and may require round the clock observation on site. Services include but are not limited to monitoring points of ingress/egress, room checks, supportive rehabilitation services around specific activities of daily living or when participants are in crisis.	Eligible Providers: An agency approved by the Division of Behavioral Health.
Intensive CPR Residential - PISL	H0037 TG	NA	Day	Medically necessary on-site services, interventions, and supports in a psychiatric individualized supportive living environment (PISL). This type of setting is a private home with 2-4 bedrooms and is an alternative to long term hospitalization. Participants in this setting typically have significant difficulties with activities of daily living and may require round the clock observation on site. Services include but are not limited to monitoring points of ingress/egress, room checks, supportive rehabilitation services around specific activities of daily living or when participants are in crisis.	Eligible Providers: An agency approved by the Division of Behavioral Health.

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Interpreting Services: Deaf/Hard of Hearing	T1013	NA	Unit	Facilitating communication between an individual or group who uses a form of manual (signed) communication and mental health workers or others acting in an official capacity (e.g., resource investigator), using methods including but not limited to American Sign Language, Pidgeon Signed English, a manually coded English system, tactile signed systems, or a Visual-Gestural system. This may include facilitating communication between the person using a signing system and another person speaking English or any second language.	<p>Eligible Providers: A person proficient in signing and approved by the Office of Deaf Services, or other culturally competent individual. The person shall be certified by the Commission for the Deaf and licensed by the state of Missouri according to RSMo 209.319 – 209.339. Successful completion of the Mental Health Interpreter’s training through the Office of Deaf Services is preferred. Interpreters must follow the Requisite Skill Levels for interpreting in mental health settings outlined in 5 CSR 100-200.170.</p> <p>The provider agency may bill the Department for costs incurred in providing the interpreting services. Interpreter utilization is subject to review by the Department.</p> <p>May be provided face-to-face. When clinically necessary a qualified intermediary interpreter (deaf interpreter) may be used in conjunction with a qualified person proficient in manual (signed) communication.</p> <p>For neutrality and confidentiality reasons family members or friends may not be used to provide interpretive services.</p>
Interpreting Services: Deaf/Hard of Hearing (Parent/Guardian)	T1013 TS	NA	Unit	This service is intended to facilitate communication with a deaf or hard of hearing parent or guardian who is involved with a consumers treatment and their treatment decision making, using methods including but not limited to American Sign Language, Pidgeon Signed English, a manually coded English system, tactile signed systems, or a Visual-Gestural system. This may include facilitating communication between the person using a signing system and another person speaking English or any second language.	<p>Eligible Providers: A person proficient in signing and approved by the Office of Deaf Services, or other culturally competent individual. The person shall be certified by the Commission for the Deaf and licensed by the state of Missouri according to RSMo 209.319 – 209.339. Successful completion of the Mental Health Interpreter’s training through the Office of Deaf Services is preferred. Interpreters must follow the Requisite Skill Levels for interpreting in mental health settings outlined in 5 CSR 100-200.170.</p> <p>The provider agency may bill the Department for costs incurred in providing the interpreting services. Interpreter utilization is subject to review by the Department.</p> <p>May be provided face-to-face. When clinically necessary a qualified intermediary interpreter (deaf interpreter) may be used in conjunction with a qualified person proficient in manual (signed) communication.</p> <p>For neutrality and confidentiality reasons family members or friends may not be used to provide interpretive services.</p>
Interpreting Services: Alternative Language	T1013 HE	NA	Unit	Facilitating communication between an individual who speaks a language other than English as a primary language and mental health workers or others acting in an official capacity (e.g., resource investigator). May be provided face-to-face, by phone, or through video-conference.	<p>Eligible Providers: A person proficient in translating a foreign language (i.e., Spanish, Vietnamese, etc.) to English. Successful completion of the Mental Health Interpreter’s training through the Office of Deaf Services is preferred.</p> <p>The provider agency may bill the Department for costs incurred in</p>

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					<p>providing the interpreting services. Interpreter utilization is subject to review by the Department.</p> <p>For neutrality and confidentiality reasons family members or friends may not be used to provide interpretive services.</p>
Interpreting Services: Alternative Language, Disease Management	NA	LANGINTDM	Unit	Facilitating communication between an individual who speaks a language other than English as a primary language and mental health workers or others acting in an official capacity (e.g., resource investigator). May be provided face-to-face, by phone, or through video-conference.	<p>Eligible Providers: A person proficient in translating a foreign language (i.e., Spanish, Vietnamese, etc.) to English. Successful completion of the Mental Health Interpreter’s training through the Office of Deaf Services is preferred.</p> <p>The provider agency may bill the Department for costs incurred in providing the interpreting services. Interpreter utilization is subject to review by the Department.</p> <p>For neutrality and confidentiality reasons family members or friends may not be used to provide interpretive services.</p>
Interpreting Services: Deaf/Hard of Hearing, Disease Management	NA	DEAFINTDM	Unit	Facilitating communication between an individual or group who uses a form of manual (signed) communication and mental health workers or others acting in an official capacity (e.g., resource investigator), using methods including but not limited to American Sign Language, Pidgeon Signed English, a manually coded English system, tactile signed systems, or a Visual-Gestural system. This may include facilitating communication between the person using a signing system and another person speaking English or any second language.	<p>Eligible Providers: A person proficient in signing and approved by the Office of Deaf Services, or other culturally competent individual. The person shall be certified by the Commission for the Deaf and licensed by the state of Missouri according to RSMo 209.319 – 209.339. Successful completion of the Mental Health Interpreter’s training through the Office of Deaf Services is preferred. Interpreters must follow the Requisite Skill Levels for interpreting in mental health settings outlined in 5 CSR 100-200.170.</p> <p>The provider agency may bill the Department for costs incurred in providing the interpreting services. Interpreter utilization is subject to review by the Department.</p> <p>May be provided face-to-face. When clinically necessary a qualified intermediary interpreter (deaf interpreter) may be used in conjunction with a qualified person proficient in manual (signed) communication.</p> <p>For neutrality and confidentiality reasons family members or friends may not be used to provide interpretive services.</p>
Laboratory / Pathology Testing	Varied: See Attached List	NA	Unit	Laboratory testing provided by a pathologist or technologists under the responsible supervision of a physician.	Eligible Providers: Department of Health licensed/certified laboratory
Medicaid Administrative Case Management: Financial	NA	0130H	¼ hour	Gather pertinent demographic and financial information to assess financial eligibility for, and enrollment in appropriate Medicaid programs and services. Directly assist individuals in gathering and submitting needed information for Medicaid application. Work directly with Division of Family Support staff to facilitate application and enrollment of individual for eligible benefits. Includes periodic reassessment (at least annually) as well as assisting individuals in gathering and submitting updated information to ensure ongoing Medicaid and program eligibility requirements are met. This includes assisting individuals in gathering and submitting information in order to meet Medicaid spend down.	Eligible Provider: Bachelors Level

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Medicaid Administrative Case Management: Financial	NA	0131H	¼ hour	Gather pertinent demographic and financial information to assess financial eligibility for, and enrollment in appropriate Medicaid programs and services. Directly assist individuals in gathering and submitting needed information for Medicaid application. Work directly with Division of Family Support staff to facilitate application and enrollment of individual for eligible benefits. Includes periodic reassessment (at least annually) as well as assisting individuals in gathering and submitting updated information to ensure ongoing Medicaid and program eligibility requirements are met. This includes assisting individuals in gathering and submitting information in order to meet Medicaid spend down.	Eligible Provider: Peer Specialist
Medicaid Administrative Case Management: Financial	NA	0132H	¼ hour	Gather pertinent demographic and financial information to assess financial eligibility for, and enrollment in appropriate Medicaid programs and services. Directly assist individuals in gathering and submitting needed information for Medicaid application. Work directly with Division of Family Support staff to facilitate application and enrollment of individual for eligible benefits. Includes periodic reassessment (at least annually) as well as assisting individuals in gathering and submitting updated information to ensure ongoing Medicaid and program eligibility requirements are met. This includes assisting individuals in gathering and submitting information in order to meet Medicaid spend down.	Eligible Provider: QMHP
Medicaid Administrative Case Management: Outreach (Bachelor Level)	H0023 HN	0110H	¼ hour	Identify, educate and assist individuals with mental illness and severe emotional disturbance to access needed medical treatment through dissemination of Medicaid program information and eligibility requirements directly to individuals or indirectly to organizations serving potential eligible recipients including, but not limited to, local service area courts, hospitals, health clinics, shelters, housing authorities, schools and social service agencies. Actively outreach difficult to reach individuals and engage them to seek needed medical services and apply for eligible Medicaid benefits.	Eligible Providers: Bachelor Level
Medicaid Administrative Case Management: Outreach (APN)	H0023 AS	0114H	¼ hour	Identify, educate and assist individuals with mental illness and severe emotional disturbance to access needed medical treatment through dissemination of Medicaid program information and eligibility requirements directly to individuals or indirectly to organizations serving potential eligible recipients including, but not limited to, local service area courts, hospitals, health clinics, shelters, housing authorities, schools and social service agencies. Actively outreach difficult to reach individuals and engage them to seek needed medical services and apply for eligible Medicaid benefits.	Eligible Providers: Advance Practice Nurse
Medicaid Administrative Case Management: Outreach (Licensed Psychologist)	H0023 AH	0113H	¼ hour	Identify, educate and assist individuals with mental illness and severe emotional disturbance to access needed medical treatment through dissemination of Medicaid program information and eligibility requirements directly to individuals or indirectly to organizations serving potential eligible recipients including, but not limited to, local service area courts, hospitals, health clinics, shelters, housing authorities, schools and social service agencies. Actively outreach difficult to reach individuals and engage them to seek needed medical services and apply for eligible Medicaid benefits.	Eligible Providers: Licensed Psychologist

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Medicaid Administrative Case Management: Outreach (QMHP)	H0023 HO	0112H	¼ hour	Identify, educate and assist individuals with mental illness and severe emotional disturbance to access needed medical treatment through dissemination of Medicaid program information and eligibility requirements directly to individuals or indirectly to organizations serving potential eligible recipients including, but not limited to, local service area courts, hospitals, health clinics, shelters, housing authorities, schools and social service agencies. Actively outreach difficult to reach individuals and engage them to seek needed medical services and apply for eligible Medicaid benefits.	Eligible Providers: QMHP
Medicaid Administrative Case Management: Outreach (Peer Specialist)	H0023 HM	0115H	¼ hour	Identify, educate and assist individuals with mental illness and severe emotional disturbance to access needed medical treatment through dissemination of Medicaid program information and eligibility requirements directly to individuals or indirectly to organizations serving potential eligible recipients including, but not limited to, local service area courts, hospitals, health clinics, shelters, housing authorities, schools and social service agencies. Actively outreach difficult to reach individuals and engage them to seek needed medical services and apply for eligible Medicaid benefits.	Eligible Providers: Peer Specialist
Medicaid Administrative Case Management: Program Planning	NA	0150H	As Pres	Participation in Medicaid program-specific development, planning/review and training as required and approved by DMH and DSS to ensure the appropriate and efficient management of the Medicaid program.	Eligible Providers: A certified CPR provider designated by the Department of Mental Health to participate in program planning relating to Medicaid programs, including but not limited to Healthcare Homes
Medical Psychotherapy: Individual (Psychiatrist)	H0004	NA	¼ hour	Therapy including psychoanalysis, insight-oriented, behavior modification, or supportive psychotherapy with continuing medical diagnostic evaluation and drug management, when indicated.	Eligible Providers: Psychiatrist
Medical Psychotherapy: Group (Psychiatrist)	H0004 HQ	NA	¼ hour	Therapy including psychoanalysis, insight-oriented, behavior modification, or supportive psychotherapy with continuing medical diagnostic evaluation and drug management, when indicated.	Eligible Providers: Psychiatrist
Medical Psychotherapy: Individual (Resident)	H0004 52	NA	¼ hour	Therapy including psychoanalysis, insight-oriented, behavior modification, or supportive psychotherapy with continuing medical diagnostic evaluation and drug management, when indicated.	Eligible Providers: Resident
Medical Psychotherapy: Individual (Child Psychiatrist)	H0004 AF	NA	¼ hour	Therapy including psychoanalysis, insight-oriented, behavior modification, or supportive psychotherapy with continuing medical diagnostic evaluation and drug management, when indicated.	Eligible Providers: Child Psychiatrist
Medical Psychotherapy: Group (Child Psychiatrist)	H0004 AF HQ	NA	¼ hour	Therapy including psychoanalysis, insight-oriented, behavior modification, or supportive psychotherapy with continuing medical diagnostic evaluation and drug management, when indicated.	Eligible Providers: Child Psychiatrist
Medical Supplies	N/A	999MS	unit	Medical supplies or accessories for lipid and/or A1C machines (example: testing strips and cassette refills) necessary for completion of the Metabolic Syndrome Screening.	<p><b><u>Use of this code must receive prior approval from the DBH Manager of Integrated Care.</u></b> Documentation of approval must be kept on file for audit purposes.</p> <p>Documentation of non-consumer specific invoices must be kept on file for audit purposes.</p> <p>Department paid supplies can only be used on DMH consumers.</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Medication Administration	H2010	NA	¼ hour	This service consists of the following activities: any therapeutic injection of medication (subcutaneous or intramuscular); monitoring lab levels including consultation with physicians, clients, and case managers; coordination of medication needs with pharmacies, clients, and families (excluding the routine placing of prescription orders and refills with pharmacies); setting up medication boxes; client education regarding medications; recording of vital signs; an initial and annual Health screen that includes client health history and risk factor; administration of the AIMS; assessment of presenting health problems and their psychiatric effect; and monitoring physician orders for treatment modifications requiring client education.	Eligible Providers: Physician, Registered Nurse, LPN, Physician Assistant.
Medications: Generic	S5000	NA	Unit	This service consists of the furnishing of prescription drugs needed to treat a mental illness by a pharmacist	Eligible Providers: Registered Pharmacist
Medications: Brand Name	S5001	NA	Unit	This service consists of the furnishing of prescription drugs needed to treat a mental illness by a pharmacist	Eligible Providers: Registered Pharmacist
Mental Health Consultation to FQHC Physicians (Physician)	NA	9103H	¼ hour	Assisting a FQHC physician in providing services to an individual not having an episode of care with the CMHC.	Eligible Providers: Physician Non-consumer specific service limited to those contractors participating in the CMHC/FQHC Collaboration.
Mental Health Consultation to FQHC Physicians (APN/Psychiatric Pharmacist)	NA	9107H	¼ hour	Assisting a FQHC physician in providing services to an individual not having an episode of care with the CMHC.	Eligible Providers: Advance Practice Nurse or Psychiatric Pharmacist Non-consumer specific service limited to those contractors participating in the CMHC/FQHC Collaboration.
Mental Health Consultation to FQHC Physicians (Child Psychiatrist)	NA	9109H	¼ hour	Assisting a FQHC physician in providing services to an individual not having an episode of care with the CMHC.	Eligible Providers: Child Psychiatrist Non-consumer specific service limited to those contractors participating in the CMHC/FQHC Collaboration.
Mental Health Consultation to Physicians (Bachelor Level)	99241 HN	NA	¼ hour	Assisting a physician in providing services to an identified patient or family unit in an advisory capacity.	Eligible Providers: Bachelor Level
Mental Health Consultation to Physicians (SLF Bachelor Level)	99241 HN TG	NA	¼ hour	Assisting a mental health staff person through consultation in providing services to an identified patient or family unit in an advisory capacity.	Eligible Providers: SLF Bachelor Level
Mental Health Consultation to Physicians (SLF Bachelor Level) Telehealth	99241 HN TG TN	NA	¼ hour	Assisting a mental health staff person through consultation in providing services to an identified patient or family unit in an advisory capacity via telehealth.	Eligible Providers: SLF Bachelor Level
Mental Health Consultation to Physicians (Licensed Psychologist)	99241 AH	NA	¼ hour	Assisting a physician in providing services to an identified patient or family unit in an advisory capacity.	Eligible Providers: Licensed Psychologist
Mental Health Consultation to Physicians (APN/Psychiatric Pharmacist)	99241 AS	NA	¼ hour	Assisting a physician in providing services to an identified patient or family unit in an advisory capacity.	Eligible Providers: Advance Practice Nurse, Psychiatric Pharmacist

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Mental Health Consultation to Physicians (SLF QMHP)	99241 HO TG	NA	¼ hour	Assisting a physician in providing services to an identified patient or family unit in an advisory capacity.	Eligible Providers: Sign Language Fluent QMHP
Mental Health Consultation to Physicians (SLF QMHP) Telehealth	99241 HO TG TN	NA	¼ hour	Assisting a mental health staff person through consultation in providing services to an identified patient or family unit in an advisory capacity via telehealth.	Eligible Providers: Sign Language Fluent SLF QMHP
Mental Health Consultation to Schools (QMHP)	NA	9113H	¼ hour	Consultation, training and education for school administrators, teachers, guidance counselors, other school personnel, parents and students on mental health issues. This service may include consultation to the above individuals on general mental health information or student-specific interventions and strategies, and medication information and education. This service includes time spent traveling to and from schools.	<p>Eligible Providers: QMHP</p> <p>In the course of providing consultation for student specific interventions and strategies, staff may interview the student to gain insight into strategies to offer. These activities do not include direct clinical interventions. (Direct clinical services to individual consumers must not be billed to this service code.)</p> <p><u>Documentation:</u></p> <p>To support billings, the program must maintain logs or records indicating the time, place and purpose of visits including daily summary progress notes of activities during visits. Services may be billed using a non-client ID number.</p>
Mental Health Consultation to Schools (Licensed Psychologist)	99241 AH HA	9114H	¼ hour	Consultation, training and education for school administrators, teachers, guidance counselors, other school personnel, parents and students on mental health issues. This service may include consultation to the above individuals on general mental health information or student-specific interventions and strategies, and medication information and education. This service includes time spent traveling to and from schools.	<p>Eligible Providers: Licensed Psychologist</p> <p>In the course of providing consultation for student specific interventions and strategies, staff may interview the student to gain insight into strategies to offer. These activities do not include direct clinical interventions. (Direct clinical services to individual consumers must not be billed to this service code.)</p> <p><u>Documentation:</u></p> <p>To support billings, the program must maintain logs or records indicating the time, place and purpose of visits including daily summary progress notes of activities during visits. Services may be billed using a non-client ID number.</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Mental Health Consultation to Schools (APN/Psychiatric Pharmacist)	99241 AS HA	9115H	¼ hour	Consultation, training and education for school administrators, teachers, guidance counselors, other school personnel, parents and students on mental health issues. This service may include consultation to the above individuals on general mental health information or student-specific interventions and strategies, and medication information and education. This service includes time spent traveling to and from schools.	<p>Eligible Providers: Advance Practice Nurse or Psychiatric Pharmacist</p> <p>In the course of providing consultation for student specific interventions and strategies, staff may interview the student to gain insight into strategies to offer. These activities do not include direct clinical interventions. (Direct clinical services to individual consumers must not be billed to this service code.)</p> <p><u>Documentation:</u></p> <p>To support billings, the program must maintain logs or records indicating the time, place and purpose of visits including daily summary progress notes of activities during visits. Services may be billed using a non-client ID number.</p>
Mental Health Consultation to Schools (SLF QMHP)	99241 HA HO TG	NA	¼ hour	Consultation, training and education for school administrators, teachers, guidance counselors, other school personnel, parents and students on mental health issues. This service may include consultation to the above individuals on general mental health information or student-specific interventions and strategies, and medication information and education. This service includes time spent traveling to and from schools.	<p>Eligible Providers: Sign Language Fluent QMHP</p> <p>In the course of providing consultation for student specific interventions and strategies, staff may interview the student to gain insight into strategies to offer. These activities do not include direct clinical interventions. (Direct clinical services to individual consumers must not be billed to this service code.)</p> <p><u>Documentation:</u></p> <p>To support billings, the program must maintain logs or records indicating the time, place and purpose of visits including daily summary progress notes of activities during visits. Services may be billed using a non-client ID number.</p>
Mental Health Consultation to Schools (SLF QMHP) Telehealth	99241 HA HO TG TN	NA	¼ hour	Consultation, training and education via telehealth for school administrators, teachers, guidance counselors, other school personnel, parents and students on mental health issues. This service may include consultation to the above individuals on general mental health information or student-specific interventions and strategies, and medication information and education. This service includes time spent traveling to and from schools.	<p>Eligible Providers: Sign Language Fluent SLF QMHP</p> <p>In the course of providing consultation for student specific interventions and strategies, staff may interview the student to gain insight into strategies to offer. These activities do not include direct clinical interventions. (Direct clinical services to individual consumers must not be billed to this service code.)</p> <p><u>Documentation:</u></p> <p>To support billings, the program must maintain logs or records indicating the time, place and purpose of visits including daily summary progress notes of activities during visits. Services may be billed using a non-client ID number.</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Mental Health Services, not otherwise specified	H0046	NA	Day	Mental Health Services, not otherwise specified	<p>Eligible Providers: An agency approved by the Department of Mental Health, Division of Behavioral Health.</p> <p>Documentation and program requirements are specified in the provider contract.</p>
Metabolic Syndrome Screening (LPN)	H2010 TE	NA	Unit	<p>Annual client screening for the following risk factors: obesity, hypertension, hyperlipidemia, and blood glucose.</p> <p><u>Specific activities may include but are not limited to:</u></p> <ul style="list-style-type: none"> <li>*Taking and recording of vital signs.</li> <li>*Conducting lab tests to assess lipid level and blood glucose levels and/or HgbA1c. If the lab tests are conducted by the nurse, they must use the Cholestech LDX analyzer or other machine approved by the Department.</li> <li>*Arranging for and coordinating lab tests to assess lipid level and blood glucose levels and/or HgbA1c.</li> <li>*Obtaining results of lab tests to assess lipid levels and blood glucose levels and/or HgbA1c.</li> <li>*Recording the results of all required vital signs and lab tests on the Metabolic Syndrome Screening and Monitoring Tool.</li> <li>*Recording the results of the screening in a Department approved data collection system.</li> </ul>	<p>Eligible Providers: Licensed Practical Nurse</p> <p><u>Target Population:</u></p> <p>All individuals (adults, children and youth) enrolled in the Community Psychiatric Rehabilitation (CPR) program who are receiving an anti-psychotic medication; all adults enrolled in the CMHC Healthcare Home (HCH) program; and all children and youth enrolled in CMHC Healthcare Home (HCH) program. Children and youth enrolled in HCH may have a partial screening as defined in Department policy if they are not taking anti-psychotic medication and do not have a diagnosis of Diabetes.</p> <p><u>Documentation:</u></p> <p>Completion of the "Metabolic Syndrome Screening and Monitoring Tool" and a summary progress note verifying the completion of the screening and the plans for ongoing monitoring of the individual based on the results of the screening. Both must be filed in the client record and available for review and verification by Department and other authorized staff.</p> <p><u>Edits/Limitations:</u></p> <p>Payment for the screening is limited to one per 90 days per recipient. In order to bill this service the provider must complete the Metabolic Syndrome Screening and Monitoring Tool.</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Metabolic Syndrome Screening (RN)	H2010 TD	NA	Unit	<p>Annual client screening for the following risk factors: obesity, hypertension, hyperlipidemia, and blood glucose.</p> <p><u>Specific activities may include but are not limited to:</u></p> <ul style="list-style-type: none"> <li>*Taking and recording of vital signs.</li> <li>*Conducting lab tests to assess lipid level and blood glucose levels and/or HgbA1c. If the lab tests are conducted by the nurse, they must use the Cholestech LDX analyzer or other machine approved by the Department.</li> <li>*Arranging for and coordinating lab tests to assess lipid level and blood glucose levels and/or HgbA1c.</li> <li>*Obtaining results of lab tests to assess lipid levels and blood glucose levels and/or HgbA1c</li> <li>*Recording the results of all required vital signs and lab tests on the Metabolic Syndrome Screening and Monitoring Tool.</li> <li>* Recording the results of the screening in a Department approved data collection system.</li> </ul>	<p>Eligible Providers: Registered Nurse</p> <p><u>Target Population:</u> All individuals (adults, children and youth) enrolled in the Community Psychiatric Rehabilitation (CPR) program who are receiving an anti-psychotic medication; all adults enrolled in the CMHC Healthcare Home (HCH) program; and all children and youth enrolled in CMHC Healthcare Home (HCH) program. Children and youth enrolled in HCH may have a partial screening as defined in Department policy if they are not taking anti-psychotic medication and do not have a diagnosis of Diabetes.</p> <p><u>Documentation:</u> Completion of the “Metabolic Syndrome Screening and Monitoring Tool” and a summary progress note verifying the completion of the screening and the plans for ongoing monitoring of the individual based on the results of the screening. Both must be filed in the client record and available for review and verification by Department and other authorized staff.</p> <p><u>Edits/Limitations:</u> Payment for the screening is limited to one per 90 days per recipient. In order to bill this service the provider must complete the Metabolic Syndrome Screening and Monitoring Tool.</p>
Nursing Evaluation	T1001	NA	¼ Hour	Assessment of presenting health problems and their psychiatric effect.	Eligible Providers: Registered Nurse
Occupational Therapy (Licensed OT)	97003	NA	¼ hour	<p>Services include evaluation, treatment planning, direct therapy, consultation and training of caretakers and others who work with the client. It may also include therapeutic activities carried out by others under the direction of an Licensed Occupational Therapist or COTA. Examples include assessing and treating sensory and motor disorders and oral motor dysfunction which interfere with activities of daily living or self-regulation and developing behavior management skills.</p>	<p>Eligible Providers: Licensed Occupational Therapist</p> <p>Occupational therapy requires the prescription of a physician or the referral from a licensed psychologist and evaluation by a Licensed Occupational Therapist, or a Certified Occupational Therapy Assistant (COTA) under the supervision of a Licensed Occupational Therapist.</p> <p>Master’s level Licensed Occupational Therapists may evaluate and treat. Certified Occupational Therapy Assistants (COTA) may assist in an evaluation and provide treatment, both under the direct supervision of a Licensed Occupational Therapist.</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Occupational Therapy (COTA)	97003 52	NA	¼ hour	Services include evaluation, treatment planning, direct therapy, consultation and training of caretakers and others who work with the client. It may also include therapeutic activities carried out by others under the direction of a Licensed Occupational Therapist or COTA. Examples include assessing and treating sensory and motor disorders and oral motor dysfunction which interfere with activities of daily living or self-regulation and developing behavior management skills.	<p>Eligible Providers: Certified Occupational Therapy Assistant (COTA)</p> <p>Occupational therapy requires the prescription of a physician or the referral from a licensed psychologist and evaluation by a Licensed Occupational Therapist, or a Certified Occupational Therapy Assistant (COTA) under the supervision of a Licensed Occupational Therapist.</p> <p>Master’s level Licensed Occupational Therapists may evaluate and treat. Certified Occupational Therapy Assistants (COTA) may assist in an evaluation and provide treatment, both under the direct supervision of a Licensed Occupational Therapist.</p>
Occupational Therapy – Dynamic Activities	97530	NA	¼ hour	Therapeutic activity to improve functional performance; direct one-on-one patient contact by the provider (use of dynamic activities to improve functional performance)	<p>Eligible Providers: Licensed Occupational Therapist with an agency approved by the Division of Behavioral Health</p> <p>Services are limited to children with a behavioral health diagnosis who are NOT dually diagnosed with a developmental disability diagnosis.</p>
Occupational Therapy - Self-Care Training	97535	NA	¼ hour	Self-care training for activity of daily living and safety, direct one-on-one contact by the provider.	<p>Eligible Providers: Licensed Occupational Therapist with an agency approved by the Division of Behavioral Health</p> <p>Services are limited to children with a behavioral health diagnosis who are NOT dually diagnosed with a developmental disability diagnosis.</p>
PACT Implementation	NA	9608W	Unit	This service will involve a variety of implementation/startup activities related the Psychiatric Acute Care Transformation (PACT).	Eligible Providers: Administrative Agent approved by Department
Partial Hospitalization	H0035	NA	Day	Including the same services and more intensive than Day Treatment, Partial Hospitalization is provided six hours per day, five days per week, and includes extensive evaluation, psychiatric assessment of medication needs; group and individual therapy; and an educational approach to teach self-care (e.g., personal hygiene, taking medication, nutrition). Client's family or significant others are involved each week. Travel costs are included in the program and are not billed separately.	<p>Eligible Providers: A program approved by the Division of Behavioral Health. Staffing must include psychiatry, nursing, and licensed therapists, at a minimum.</p> <p>All service activities provided by staff must be documented in the case record according to DMH-DBH guidelines in the Code of State Regulations for Core Rules and Mental Health Programs.</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
PASSAR Pre-Admission Screening/Evaluation	NA	0601W	Unit	A Pre-Admission Screening Evaluation includes a comprehensive clinical assessment and written report in a format established by the Department which provides necessary information to determine the individual's need for specialized services and recommendations regarding service needs of a lesser intensity for individuals who are suspected to have a serious mental illness and who are seeking admission to a nursing facility. Most Preadmission Screening Evaluations conducted will be full evaluations.	Eligible Provider: A qualified Mental Health Professional.
PASSAR Modified Pre-Admission Screening/Evaluation	NA	0602W	Unit	<p>This service is defined to include a clinical assessment and written report in a format established by the Department which provides necessary information to determine the individual's need for specialized services for individuals who are suspected to have a serious mental illness and who have an accompanying serious physical illness or terminal illness.</p> <p>Serious physical illness includes a disorder or condition (such as coma, ventilator dependence, functioning at brain stem level, etc.) causing severe functional limitations which prevent the individual from benefiting from mental health services. Terminal illness must be certified by a physician and death must be expected to occur in six months or less. This unit of service has been developed to support contractors in expediting the PASARR process for persons with urgent medical problems.</p>	<p>Eligible Provider: A qualified Mental Health Professional.</p> <p>In circumstances where an individual was admitted into an NF under a special admissions category, and subsequently dies, returns to a hospital, returns home or to some facility other than an NF prior to the completion of a PAS; then the evaluator will be asked to do a chart review to retrospectively determine if special services were needed. The offeror shall include, as part of the proposal, a proposed format and narrative describing the content of the written report for this service. The Department reserves the right to determine the report format.</p> <p>There are occasions when an individual has a PAS evaluation and then elects not to enter the NF. Should that individual apply later to enter the NF, a modified PAS evaluation is needed. This modified PAS involves a review of the previous PAS evaluation and sufficient evaluation of the individual to verify if the previous PAS evaluation is valid or if additional updating information is available. The offeror shall include, as part of the proposal, a proposed format and narrative describing the content of this brief written, amending report to the original PAS for this service. The Department reserves the right to determine the report format.</p>
Peer Support Services	H0038	NA	¼ hour	<p>This service consists of:</p> <ul style="list-style-type: none"> <li>*Helping individuals connect with other consumers and their communities at large in order to develop a network for information and support;</li> <li>*Sharing lived experiences of recovery, sharing and supporting the use of recovery tools, and modeling successful recovery goals;</li> <li>*Helping individuals to make independent choices and to take a proactive role in their recovery;</li> <li>*Assisting individuals with identifying strengths and personal resources to aid in their setting and achieving recovery goals;</li> <li>*Assisting individuals in setting and following through on goals;</li> <li>*Supporting efforts to find and maintain paid competitive integrated employment; and</li> <li>*Assisting with health and wellness activities.</li> </ul>	<p>Eligible Providers: An individual trained and approved by the Division of Behavioral Health.</p> <p><u>Billing:</u></p> <p>The individual must be supervised by a Qualified Mental Health Professional (QMHP) or a Qualified Substance Abuse Professional (QSAP)</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Pharmacy Technician	NA	8304W	Unit	This service involves performance of non-clinical functions relating to the delivery of pharmaceuticals while working under the supervision of a registered pharmacist or physician. Job duties would include answering telephones to note refills for a pharmacist, prepare individual medication for verification by pharmacist, fill requisitions for physician office use, prepare and update patient profiles under supervision, prepare prescriptions for verification by a pharmacist, sign out controlled substances on proof of use sheets, place and transmit orders to drug wholesaler, check in medication orders, monthly checking for outdated drugs in pharmacy and, the attendance of in-service training sessions and meetings concerning the pharmacy.	Eligible Providers: A pharmacy technician with at least one year of appropriate experience in this capacity or, a licensed nurse.
Physician Consultation (Physician)	99241	NA	¼ hour	Services consisting of a review of a client's current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Physician
Physician Consultation (Physician-Telehealth)	99241 TN	NA	¼ hour	Services consisting of a review of a client's current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Physician
Physician Consultation (Child Psychiatrist)	99241 AF	NA	¼ hour	Services consisting of a review of a client's current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Child Psychiatrist
Physician Consultation (Child Psychiatrist – Telehealth)	99241 AF TN	NA	¼ hour	Services consisting of a review of a client's current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Child Psychiatrist
Physician Consultation (ACT)	99241 HK	NA	¼ hour	Services consisting of a review of a client's current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Physician
Physician Consultation (Resident)	99241 GC	NA	¼ hour	Services consisting of a review of a client's current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Psychiatric Resident
Physician Consultation (Resident) ACT	99241 GC HK	NA	¼ hour	Services consisting of a review of a client's current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Resident
Planning & Consultation	NA	9500W	Unit	This service may involve a variety of activities related to reorganization, development or enhancement of the service delivery system.  Target activities may include, but not be limited to, community service development; professional consultation to a DMH facility, DMH staff, parents or family members of DMH clients; research and evaluation, and service planning.	Eligible Providers: A service provider approved by the Department of Mental Health, Division of Behavioral Health.
Professional Consultation - ACT	99241 SA HK	NA	¼ hour	Services consisting of a review of a client's current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Advance Practice Nurse  The intent is to provide direction of treatment.
Professional Consultation: CPR	99241 SA	NA	¼ hour	Services consisting of a review of a client's current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Advance Practice Nurse  The intent is to provide direction of treatment. This is an optional service which may not substitute for supervision nor for face-to-face intervention with clients.

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Professional Consultation – (Psychiatric Pharmacist)	99241 HE	NA	¼ hour	Services consisting of a review of a client’s current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Psychiatric Pharmacist
Professional Consultation – ACT (Psychiatric Pharmacist)	99241 HE HK	NA	¼ hour	Services consisting of a review of a client’s current medical situation either through consultation with one (1) staff person or in a team discussion related to a specific client.	Eligible Providers: Psychiatric Pharmacist
Professional Parent Home (PPH)	H0037 TF HA	NA	Day	Professional Parent Home is a home like setting that provides intensive therapeutic mental health interventions to children. Each child placed in a PPH will have an individualized care plan developed by the family, child, natural supports, agencies, and community partners. Each child will also have an emergency crisis/care plan.	Eligible Providers: A provider approved by the Division of Behavioral Health. Limitations: This is a daily rate that cannot be billed in conjunction with H0037HKHA or with H0037TGHA.
PSR Illness Management/Recovery: CPR	H2017 TG	NA	¼ hour	A Psychosocial program providing illness management and recovery services that promote physical and mental wellness, well-being, self-direction, personal empowerment, respect and responsibility in group settings. Services shall be person centered and strength based and includes, but is not limited to the following: psychoeducation; relapse prevention; coping skills training.	Eligible Provider: An agency approved by the department. Limitations: no more than 24 units per day
Psychiatric Diagnostic Evaluation (Licensed Psychologist)	90791	NA	Unit	An integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies. This service may be provided only with special approval of the division for Adult Inpatient Diversion programs.	Eligible Provider: Licensed Psychologist
Psychiatric Diagnostic Evaluation, with medical services (Resident Physician)	90792 GC	NA	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible providers: Resident Physician
Psychiatric Diagnostic Evaluation, with medical services (APN)	90792 SA	1100A	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible Providers: Advance Practice Nurse
Psychiatric Diagnostic Evaluation, with medical services (Psychiatric Pharmacist)	90792 HE	NA	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible Provider: Psychiatric Pharmacist
Psychiatric Diagnostic Evaluation, with medical services (Child Psychiatrist)	90792 AF	11Y1H	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible Providers: Child Psychiatrist

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Psychiatric Diagnostic Evaluation, with medical services (Physician)	90792	1100H	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible Providers: Physician
Psychiatric Diagnostic Evaluation, with medical services (Physician/APN)	90792	NA	Unit	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of diagnostic studies. This service may be provided only with special approval of the division for Adult Inpatient Diversion programs.	Eligible Providers: Physician or Advance Practice Nurse
Psychiatric Diagnostic Evaluation, with medical services (Child Psychiatrist-Telehealth)	90792 TN AF	NA	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible Providers: Child Psychiatrist
Psychiatric Diagnostic Evaluation, with medical services (Physician-ACT)	90792 HK	NA	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible providers: Physician
Psychiatric Diagnostic Evaluation, with medical services (Physician-Telehealth)	90792 TN	NA	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible providers: Physician
Psychiatric Diagnostic Evaluation, with medical services (APN-ACT)	90792 SA HK	NA	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible Providers: Advance Practice Nurse
Psychiatric Diagnostic Evaluation, with medical services –ACT (Psychiatric Pharmacist)	90792 HE HK	NA	¼ hour	An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	Eligible Provider: Psychiatric Pharmacist

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Psychiatric Stabilization Center	NA	9609W	Unit	Program start-up, implementation and maintenance of a Psychiatric Stabilization Center (PSC) unit. May also be used to fund/support PSC operating capacity and other ongoing costs related to PSC operations and services.	<p>Eligible Providers: A service provider approved by the Department of Mental Health, Division of Behavioral Health.</p> <p><u>Service Requirements:</u> The contractor shall utilize funding allocated for this service as directed by the Department. The amount of funding and the functions/services for which funding is allocated shall be determined by the Department.</p> <p>The contractor shall report actual expenditures made from funds allocated for this service to the Department, as requested. Reporting may include, but is not limited to, descriptions of start-up activities such as pre-opening costs (i.e. employee recruitment, job training, equipment/supplies, operating funds etc.), and descriptions of funding provided for operating capacity and other ongoing program maintenance costs. The contractor shall provide supporting documentation as requested by the Department.</p>
Psychological Evaluation/Assessment	90791 AH	NA	¼ hour	Assessment of a client in response to diagnostic or treatment questions which includes a clinical interview and may include the administration and interpretation of standardized tests.	Eligible Providers: QMHP, Doctoral Psychology Program Intern
Psychological Testing	96101 AH	NA	¼ hour	Administration and interpretation of psychological tests.	Eligible Providers: Licensed Psychologist or Provisionally Licensed Psychologist
Psychosocial Rehabilitation: CPR Adult	H2017	NA	¼ hour	Psychosocial services provided in a small group setting that enhance independent living skills, address basic self-care needs, and enhance use of personal support systems, as defined in 9 CSR 30-4.046.	Eligible Providers: A program accredited by the Council on Accreditation of rehabilitation Facilities or licensed as a day program by the Department of Mental Health under 9 CSR 40-1.015 to 9 CSR 40-10.155 inclusive.
Psychosocial Rehabilitation: CPR Youth	H2017 HA	NA	¼ Hour	Goal oriented and rehabilitative services provided in a group setting as defined in 9 CSR 30-4.043.	Eligible Providers: An agency approved by the Division of Behavioral Health
Psychotherapy: Group (QMHP)	H0004 HO HQ	NA	¼ Hour	Goal oriented treatment designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: QMHP
Psychotherapy: Group (Licensed Psychologist)	H0004 AH HQ	NA	¼ Hour	Goal oriented treatment designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: Licensed Psychologist
Psychotherapy: Individual (APN)	H0004 AS	NA	¼ Hour	Goal oriented treatment designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: Advance Practice Nurse
Psychotherapy: Group (APN/Psychiatric Pharmacist)	H0004 AS HQ	NA	¼ Hour	Goal oriented treatment designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: Advance Practice Nurse or Psychiatric Pharmacist

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Psychotherapy: Individual (SLF QMHP)	H0004 HO TG	NA	¼ Hour	Goal oriented treatment designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: Sign Language Fluent QMHP
Psychotherapy: Individual (SLF QMHP) Telehealth	H0004 HO TG TN	NA	¼ Hour	Goal oriented treatment, via telehealth, designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: Sign Language Fluent SLF QMHP
Psychotherapy: Group (SLF QMHP)	H0004 HO HQ TG	NA	¼ Hour	Goal oriented treatment designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: Sign Language Fluent QMHP
Psychotherapy: Group (SLF QMHP) Telehealth	H0004 HO HQ TG TN	NA	¼ Hour	Goal oriented treatment, via telehealth, designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: Sign Language Fluent SLF QMHP
Psychotherapy: Family (QMHP)	H0004 HO HR	NA	¼ Hour	Treatment of a client and family to achieve mutually agreed upon goals related to improving the client's total psychological functioning. There must be an identified client with an open chart who is the focus of treatment. The identified client need not be present for services to be provided to family members.	Eligible Providers: QMHP
Psychotherapy: Family (Licensed Psychologist)	H0004 AH HR	NA	¼ Hour	Treatment of a client and family to achieve mutually agreed upon goals related to improving the client's total psychological functioning. There must be an identified client with an open chart who is the focus of treatment. The identified client need not be present for services to be provided to family members.	Eligible Providers: Licensed Psychologist
Psychotherapy: Family (APN)	H0004 AS HR	NA	¼ Hour	Treatment of a client and family to achieve mutually agreed upon goals related to improving the client's total psychological functioning. There must be an identified client with an open chart who is the focus of treatment. The identified client need not be present for services to be provided to family members.	Eligible Providers: Advance Practice Nurse
Psychotherapy: Family (SLF QMHP)	H0004 HO HR TG	NA	¼ Hour	Treatment of a client and family to achieve mutually agreed upon goals related to improving the client's total psychological functioning. There must be an identified client with an open chart who is the focus of treatment. The identified client need not be present for services to be provided to family members.	Eligible Providers: Sign Language Fluent QMHP
Psychotherapy: Family (SLF QMHP) Telehealth	H0004 HO HR TG TN	NA	¼ Hour	Treatment of a client and family, via telehealth, to achieve mutually agreed upon goals related to improving the client's total psychological functioning. There must be an identified client with an open chart who is the focus of treatment. The identified client need not be present for services to be provided to family members.	Eligible Providers: Sign Language Fluent SLF QMHP
Psychotherapy: Individual (QMHP)	H0004 HO	NA	¼ Hour	Goal oriented treatment designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: QMHP

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Psychotherapy: Individual (Licensed Psychologist)	H0004 AH	NA	¼ Hour	Goal oriented treatment designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interferes with a client's personal, familial, vocational and/or community adjustment.	Eligible Providers: Licensed Psychologist
Residency Training Program	NA	8101H	Unit	Reimbursement for approved cost of operating psychiatric residency programs.	Eligible Provider: An agency approved by the department.
Residential Crisis Stabilization	S9485	NA	Day	Reimbursement for approved cost of operating crisis and respite step down beds in a residential facility.	Eligible Provider: An agency approved by the department.
Residential Treatment Supervision	H0019	NA	Day	This service includes implementation of designated components of the treatment plan related to a client's residential setting concerning safety and welfare, assistance with daily living activities and personal care, as well as behavioral management and crisis intervention. When this service is provided in a licensed facility, its purpose is to supplement but not replace the services of the residential facility's staff.	Eligible Providers: Trained Residential Aide
Respite Care: Youth Individual	T1005 HA	NA	Hour	Respite care is the provision of short-term, temporary relief given to those who are caring for individuals who might otherwise require permanent placement in a facility outside the home. The provision of respite care is based on child's eligibility for respite services and clinical needs of the child and caregivers as document in the treatment plan.	<p>Eligible Providers: An individual employed by a contracted provider agency that has completed training requirements for providing respite to children and youth who have emotional disturbance and/or are dully diagnosed. Providers that are eligible to offer respite services under this policy must have:</p> <ul style="list-style-type: none"> <li>* accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF); or</li> <li>* a valid DMH community residential facility license under 9 CSR 40-1.055 or certified by the DMH under 9 CSR 30-4.020 or</li> <li>* facilities certified by CARF, in the area of Community Living Programs</li> </ul> <p>Limitations: Rate will vary according to the number of hours of service provided</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Respite Care: Adult	T1005 HB	NA	Hour	Provision of temporary care of consumers with a serious mental illness to provide support for Primary Care Providers and to preserve the living environment of the consumer. Primary Care Providers are defined as individuals responsible for 24 hours/day, 7 days a week care and supervision of a seriously mentally ill consumer who is an active client of the Department of Mental Health, Division of Comprehensive Psychiatric Services or in a licensed congregate setting.	<p>Eligible Providers: A licensed congregate living facility, or an individual with the following training or the equivalent:</p> <ul style="list-style-type: none"> <li>*has at least a high school diploma</li> <li>*is qualified for appropriate *insurance coverage (i.e., malpractice, vehicle operation, etc.)</li> <li>*is cleared through the state of Missouri abuse/neglect registry</li> <li>*has acceptable references</li> <li>*possesses a chauffeur's license</li> <li>*has completed a training curriculum specified by the Division of Behavioral Health. Staff of hospitals, group homes, nursing homes, residential care facilities, and semi-independent living facilities are not considered Primary Care Providers. Respite care services may be provided in the consumer's home or outside of the consumer's home in either a respite provider's home.</li> </ul> <p><u>Service Limitations:</u></p> <ul style="list-style-type: none"> <li>*Limited to six (6) days annually (144 hours) per consumer, with a four (4) hour minimum</li> <li>*May be provided to primary care providers of active DBH target population clients only</li> <li>*Need for respite care must be documented in the client's treatment plan</li> <li>*Location of the service is determined by the provider in consultation with the client</li> <li>*Rate covers salary, supervision, clerical support, benefits, records, auditing, phone, insurance, mileage, and travel time.</li> </ul>
Responsibility Therapy	H0004 HO H9	NA	¼ Hour	Interactive group therapy for individuals diagnosed with anti-social personality disorder or a history of violent offenses, in which participants help each other problem-solve. Involves a confrontive approach in which participants are challenged to become aware of faulty thinking, anticipate consequences of actions, and delay gratification. Most often conducted by two co-therapists.	Eligible Providers: Licensed clinician (can be Social worker, counselor, or psychologist)
Room and Board for Treatment Family Home	H0041	NA	Day	Reimbursement to a Community Mental Health Center for the cost of room and board associated with a child in a Treatment Family Home.	Eligible Providers: A community mental health center who is functioning as the 'home agency' for the Treatment Family Home service.
Room and Board for Professional Parent Home	H0041 HK	NA	Day	Reimbursement to a Community Mental Health Center for the cost of room and board associated with a child in a Professional Parent Home	Eligible Providers: A community mental health center who is functioning as the 'home agency' for the Professional Parent Home service.
SCL Support Services	NA	0101H	¼ hour	Support and administrative services delivered for the purpose of assisting Supported Community Living (SCL) clients residing in non-congregate, independent living settings. Clients may be either adults or children and youth residing in independent living situations. Examples of services include, but are not limited to: accounting for client funds, maintaining bank and spending accounts, managing and reconciling expenditures and reimbursements, check writing, auditing of accounts, arranging for client needs relating to housing, and maintaining required documentation.	<p>Eligible Providers: A community mental health center who has had the supported community living placement functions decentralized to them by their regional SCL office.</p> <p>Documentation of these services must be maintained by the agency and available for review by the Department. Documentation does not have to be client specific, but shall include at a minimum the following: date, amount of time (duration), activity (brief description of the service), and the staff who provided the service.</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
SOAR Initial Application	SOARA	NA	Event	Service is billed upon the initial submission of the SOAR application, including MSR to SSA and entry into the Online Application Tracking System (OATS). This is to cover the indirect service costs associated with the SOAR application process not billable to CPR.	Eligible Provider: SOAR trained employees Documentation: A certificate of successful completion of the SOAR curriculum must be in the employee's personnel file. The employee using the SOAR billing code must enter their case in the Online Application Tracking (OAT) system. A person can access this tracking database only after they have successfully completed training and signed up in OAT system, currently through Policy Research Associates, Inc. (PRA, Inc) or with other authorized vendor of this program.
SOAR Approval (Complete)	SOARC	NA	Event	Service is billed upon the successful completion of the SOAR application to SSA and award of SSI/SSDI benefits to the client and entry into the Online Application Tracking System (OATS). This is to cover the indirect service costs associated with the SOAR application process not billable to CPR.	Eligible Provider: SOAR trained employees Documentation: A certificate of successful completion of the SOAR curriculum must be in the employee's personnel file. The employee using the SOAR billing code must enter their case in the Online Application Tracking (OAT) system. A person can access this tracking database only after they have successfully completed training and signed up in OAT system, currently through Policy Research Associates, Inc. (PRA, Inc) or with other authorized vendor of this program.
Subsequent Hospital Care (Advance Practice Nurse)	99231 52	NA	Unit	Subsequent hospital care for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s), and the patient's and/or family's needs. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. This service may be provided only with special approval of the division for Adult Inpatient Diversion programs.	Eligible Providers: Advance Practice Nurse
Subsequent Hospital Care (Advance Practice Nurse)	99232 52	NA	Unit	Subsequent hospital care for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s), and the patient's and/or family's needs. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit. This service may be provided only with special approval of the division for Adult Inpatient Diversion programs.	Eligible Providers: Advance Practice Nurse
Subsequent Hospital Care: (Advance Practice Nurse)	99232 AS	NA	¼ hour	Subsequent hospital care for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	Eligible provider: Advance Practice Nurse
Subsequent Hospital Care (Advance Practice Nurse)	99233 52	NA	Unit	Subsequent hospital care for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s), and the patient's and/or family's needs. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit. This service may be provided only with special approval of the division for Adult Inpatient Diversion programs.	Eligible provider: Advance Practice Nurse

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Subsequent Hospital Care (Physician)	99231	NA	Unit	Subsequent hospital care for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s), and the patient's and/or family's needs. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. This service may be provided only with special approval of the division for Adult Inpatient Diversion programs.	Eligible Providers: Physician
Subsequent Hospital Care: (Physician)	99232	NA	¼ hour	Subsequent hospital care for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	Eligible provider: Physician
Subsequent Hospital Care (Physician)	99232	NA	Unit	Subsequent hospital care for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s), and the patient's and/or family's needs. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit. This service may be provided only with special approval of the division for Adult Inpatient Diversion programs.	Eligible provider: Physician
Subsequent Hospital Care (Physician)	99233	NA	Unit	Subsequent hospital care for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s), and the patient's and/or family's needs. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit. This service may be provided only with special approval of the division for Adult Inpatient Diversion programs.	Eligible provider: Physician
Subsequent Hospital Care: (Psychiatric Resident)	99232 GC	NA	¼ hour	Subsequent hospital care for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	Eligible provider: Psychiatric Resident
Supported Housing	H0043	NA	Day	This service includes implementation of designated treatment components of the treatment plan related to a client's apartment or semi-independent apartment supported housing setting concerning safety and welfare, assistance with daily living activities and personal care as well as behavior management and crisis intervention.	Eligible Providers: Trained residential/ supported housing aide and or social worker at a provider agency approved by the Department.
Targeted Case Management: TCM Adult (Master's Level)	T1017 HB HO	NA	¼ hour	<p><u>Case management services including:</u></p> <ul style="list-style-type: none"> <li>*Arrangement, coordination, of assessment of the individuals need for psychiatric treatment and rehabilitation, as well as other medical, social, and educational services and supports;</li> <li>*Coordination of service and support activities;</li> <li>*Monitoring of service and support activities, and</li> <li>*Documentation of all aspects of case management services including case openings, assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning, and case closure.</li> </ul>	Eligible Providers: Master's Level graduate from an accredited four year college or university with a specialization in sociology, psychology, social work, or closely related field; or a graduate of an accredited four year college or university with related work experience, or a nurse who has work experience with individuals who have mental illness. Relevant human service delivery experience can be substituted on a year for year basis for the four year degree.

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Targeted Case Management: TCM Adult (Bachelor Level)	T1017 HB HN	NA	¼ hour	<p><u>Case management services including:</u></p> <ul style="list-style-type: none"> <li>*Arrangement, coordination, of assessment of the individuals need for psychiatric treatment and rehabilitation, as well as other medical, social, and educational services and supports;</li> <li>*Coordination of service and support activities;</li> <li>*Monitoring of service and support activities, and</li> <li>*Documentation of all aspects of case management services including case openings, assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning, and case closure.</li> </ul>	Eligible Providers: Bachelor Level graduate from an accredited four year college or university with a specialization in sociology, psychology, social work, or closely related field; or a graduate of an accredited four year college or university with related work experience, or a nurse who has work experience with individuals who have mental illness. Relevant human service delivery experience can be substituted on a year for year basis for the four year degree
Targeted Case Management: TCM Youth (Master's Level)	T2017 HA HO	NA	¼ hour	<p><u>Case management services including:</u></p> <ul style="list-style-type: none"> <li>*Arrangement, coordination, and participation in the assessment to ensure that all areas of the child and family's life are assessed to determine unique strengths and needs;</li> <li>*Coordination of the service plan implementation, including linking individuals and families to services, arranging the supports necessary to access resources and facilitating communication between service providers;</li> <li>*Monitoring the service delivery plan with child and family participation to determine the adequacy and sufficiency of services and supports, goal attainment, need for additional assistance and continued appropriateness of services and goals; and</li> <li>*Documentation of all aspects of intensive targeted case management services including case openings, participation in assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning, and case closure.</li> </ul>	<p>Eligible Providers: Master's Level graduate from an accredited four year college or university with a specialization in counseling, psychology, social work, special education, or closely related field; or graduates of an accredited four year college or university with a masters degree in counseling, psychology, social work, special education, or closely related field, or registered nurses who have at least two full years of full time equivalent psychiatric experience with children.</p> <p>See Appendix 5 for additional requirements for TCM provided for youth/children in state psychiatric facilities.</p>
Targeted Case Management: TCM Youth (Bachelor Level)	T2017 HA HN	NA	¼ hour	<p><u>Case management services including:</u></p> <ul style="list-style-type: none"> <li>*Arrangement, coordination, and participation in the assessment to ensure that all areas of the child and family's life are assessed to determine unique strengths and needs;</li> <li>*Coordination of the service plan implementation, including linking individuals and families to services, arranging the supports necessary to access resources and facilitating communication between service providers;</li> <li>*Monitoring the service delivery plan with child and family participation to determine the adequacy and sufficiency of services and supports, goal attainment, need for additional assistance and continued appropriateness of services and goals; and</li> <li>*Documentation of all aspects of intensive targeted case management services including case openings, participation in assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning, and case closure.</li> </ul>	<p>Eligible Providers: Bachelor Level graduate from an accredited four year college or university with a specialization in counseling, psychology, social work, special education, or closely related field; or graduates of an accredited four year college or university with a masters degree in counseling, psychology, social work, special education, or closely related field, or registered nurses who have at least two full years of full time equivalent psychiatric experience with children.</p> <p>See Appendix 5 for additional requirements for TCM provided for youth/children in state psychiatric facilities.</p>
Therapeutic Foster Home Administration: Treatment Family Home	NA	9100W	Unit	The Sponsoring Agency's activities and services related to program development, implementation, and administrative oversight of Treatment Family Homes/Therapeutic Foster Homes. Includes recruitment, home study, ongoing required training and development, completion of licensure of treatment parents; payment to treatment parents for training, licensure, insurance, availability, basic placement and, respite.	<p>Eligible Providers: Any provider who is approved by the Division of Behavioral Health as a Treatment Family Home/Therapeutic Foster Home Sponsoring Agency.</p> <p>The program must maintain short-term homes (less than nine months) for seriously emotionally disturbed youth. All payment for services to the Sponsoring Agency must adhere to the requirements, reimbursement rates, and limitations of the Treatment Family Home/Therapeutic Foster Home Program as defined in the provider contract.</p>
Tobacco Cessation	99199	NA	Unit	Nicotine replacement therapies (NRT's) and prescription medications provided for the purpose of	Eligible Providers: All CPR providers

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Medications				reduction or eliminating smoking and other use of tobacco products.	Documentation and program requirements are specified in the provider contract.
Transportation: Individual	T2003	NA	Trip	Client travel to and from community facilities and resources as part of a service plan. Rate is from base to delivery of client to destination.	Eligible Providers: The provider is in compliance with Missouri Statute 302.070 and the driver has a valid Missouri chauffeur's license.
Transportation: Group	T2003 HQ	89106	Trip	Client travel to and from community facilities and resources as part of a service plan. Rate is from base to delivery of client to destination.	Eligible Providers: The provider is in compliance with Missouri Statute 302.070 and the driver has a valid Missouri chauffeur's license.
Transportation: Bus Passes	T2004	NA	Trip	Bus passes for client travel to and from community facilities and resources as part of a service plan.	Eligible Provider: An agency approved by the department.
Treatment Family Home	H0037 HK HA	NA	Day	A home-like setting that provides intensive therapeutic interventions to children. Each child placed in a TFH will have an individualized care plan developed by the family, child, natural supports, agencies, and community partners. Each child will also have an emergency crisis/care plan.	Eligible Providers: A provider approved by the Division of Behavioral Health.  Limitations: This is a daily rate that cannot be billed in conjunction with H0037TFHA or with H0037TGHA.
Treatment Planning (APN or Psych Pharm)	H0032 AS	NA	¼ Hour	Development, review and/or revision of a client's individualized master treatment plan. Planning includes client input through the case manager but the client is not necessarily present.	Eligible Providers: Advance Practice Nurse or Psychiatric Pharmacist
Treatment Planning (Bachelor Level)	H0032 HN	NA	¼ Hour	Development, review and/or revision of a client's individualized master treatment plan. Planning includes client input through the case manager but the client is not necessarily present.	Eligible Providers: Bachelor Level
Treatment Planning (SLF Bachelor Level)	H0032 HN TG	NA	¼ Hour	Development, review and/or revision of a client's individualized master treatment plan. Planning includes client input through the case manager but the client is not necessarily present.	Eligible Providers: SLF Bachelor Level
Treatment Planning (SLF Bachelor Level) Telehealth	H0032 HN TG TN	NA	¼ Hour	Development, review and/or revision of a client's individualized master treatment plan via telehealth. Planning includes client input through the case manager but the client is not necessarily present.	Eligible Providers: SLF Bachelor Level
Treatment Planning - CPR	H0032	NA	¼ Hour	Development, review and/or revision of a client's individualized treatment plan. This service is for clients in the maintenance level of care in the CPR program, and replaced the treatment planning function in the bundled CPR Brief Evaluation.	Eligible Provider: QMHP  Limitations: This procedure code is limited to 50 hours (200 units) annually per participant.
Treatment Planning (QMHP)	H0032 HO	NA	¼ Hour	Development, review and/or revision of a client's individualized master treatment plan. Planning includes client input through the case manager but the client is not necessarily present.	Eligible Providers: QMHP
Treatment Planning (Licensed Psychologist)	H0032 AH	NA	¼ Hour	Development, review and/or revision of a client's individualized master treatment plan. Planning includes client input through the case manager but the client is not necessarily present.	Eligible Providers: Licensed Psychologist
Treatment Planning (SLF QMHP)	H0032 HO TG	NA	¼ Hour	Development, review and/or revision of a client's individualized master treatment plan. Planning includes client input through the case manager but the client is not necessarily present.	Eligible Providers: Sign Language Fluent SLF QMHP
Treatment Planning (SLF QMHP) Telehealth	H0032 HO TG TN	NA	¼ Hour	Development, review and/or revision of a client's individualized master treatment plan via telehealth. Planning includes client input through the case manager but the client is not necessarily present.	Eligible Providers: Sign Language Fluent SLF QMHP
Vendor Training	NA	90TOF	Unit	Reimbursement for training costs approved by the department.	Eligible Providers: An agency approved by the department.
Vocational Services: ACT	H2023 HK	NA	¼ Hour	Job coaching, including observation of a client in a work setting and coaching, instructing, teaching how to improve job performance. The intent of this service is to reimburse for vocational activities performed by ACT team staff which are not reimbursable by Medicaid.	Eligible Providers: An individual meeting at a minimum the requirements of a Community Support Specialist, employed as the designated vocational specialist on an Assertive Community

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
					Treatment (ACT) team.
Wrap Around Services – Clinical Support and Start Up	H2022	NA	Day	Startup costs for persons in projects approved by the Department of Mental Health, Division of Behavioral Health	An agency must be approved by the Department of Mental health, Division of Behavioral Health in order to provide this service. Documentation requirements are specified in the provider contract.
Wrap Around Services: Youth	H2022 HA	NA	Unit	Youth wrap-around services are based upon the philosophy of child and family driven service provision. This philosophy includes providing whatever services are required to keep children in regular home, school, and community placements. Youth wrap-around service(s) will consist of one or more direct or indirect services provided to or for a child or family and may include one or more of the umbrella services necessary to help insure the functional success of the child in the community. Types of services which may be provided under this definition include: respite, transportation supports, social-recreational supports, basic needs supports, clinical/medical supports, or other supports.	<p>Eligible Providers: Appropriately trained individual(s).</p> <p>Vendors are expected to track expenditures by categories and submit a breakdown with each invoice that accounts for the expenditure category, specific activity provided, client number, service units provided and total expenditure and, provider of the service.</p> <p><u>Wrap-around Expenditure Categories</u></p> <p><u>Respite:</u> Funds for emergency or planned in-home or out-of-home respite care for children and/or siblings. Provides child and parents with a break from each other.</p> <p><u>Transportation:</u> Funds to help the family, child, and childcare worker get to needed services and supports.</p> <p><u>Social-Recreational:</u> Funds to enable the child and family to participate in activities to which it is difficult to get access, due to distance, cost, or inadequate supports.</p> <p><u>Basic Needs:</u> Funds to assist in meeting basic needs of family on a temporary and/or emergency basis.</p> <p><u>Clinical/Medical:</u> Funds to facilitate meeting the child's treatment goals, including maintenance or reunification of family and/or funds to meet non-psychiatric treatment needs that cannot be met through other means.</p> <p><u>Other:</u> All other expenditures including crisis, legal, school, and vocational supports.</p>

Service Title	CIMOR Consumer Specific Procedure Code	CIMOR Non-Consumer Specific Procedure Code	Unit of Service	Service Description	Eligible Provider(s) Documentation and Other Requirements
Wrap Around Services: Adult	H2022 HB	NA	Unit	<p>Adult community support expansion services are used to increase supports to persons living in the community by providing whatever services are required to maintain individuals who are living and/or working in the community and to promote and facilitate community inclusion. Adult wrap-around service(s) will consist of one or more direct or indirect services provided to an adult and may include one or more of the umbrella services necessary to help insure the functional success of the individual in the community. Types of services which may be provided under this definition include but are not limited to: respite, transportation supports, social-recreational supports, basic needs supports, clinical/medical supports, or other supports.</p>	<p>Eligible Providers: Appropriately trained individual(s).</p> <p>Vendors are expected to track expenditures by categories and submit a breakdown with each invoice that accounts for the expenditure category, specific activity provided, client number, service units provided and total expenditure and, provider of the service.</p> <p><u>Wrap-around Expenditure Categories</u></p> <p><u>Respite:</u> Funds for emergency or planned in-home or out-of-home respite care.</p> <p><u>Transportation:</u> Funds to help the individual get to needed services and supports.</p> <p><u>Social-Recreational:</u> Funds to enable the individual to participate in activities to which it is difficult to get access due to distance, cost, or inadequate supports.</p> <p><u>Basic Needs:</u> Funds to assist in meeting basic needs of the individual on a temporary and/or emergency basis.</p> <p><u>Clinical/Medical:</u> Funds to facilitate meeting the individual's treatment goals or to meet non-psychiatric treatment needs that cannot be met through other means.</p> <p><u>Other:</u> All other expenditures including crisis, legal, and training/vocational supports.</p>
Wrap Around Services - Housing: Adult	H2022 HK	NA	Unit	<p>This service is for housing and other support services for individuals in the Disease Management program.</p>	<p>The provider must keep documentation sufficient to justify these billings, subject to review during compliance/monitoring visits.</p> <p>The funding is for Disease Management clients.</p> <p>The funding must be used in housing settings that are licensed by DMH/included in accreditation OR meeting Housing Quality Standards (HQS).</p> <p>The funding can be used for rental subsidies, support services, past bills that are preventing current housing, security deposits, utility deposits, first/last month's rent, residential care facilities and similar payments that lead to safe, decent housing.</p>

## Catalog Appendix #1: Laboratory / Pathology Testing

**Service Description:** Laboratory testing provided by a pathologist or technologists under the responsible supervision of a physician.

**Eligible Providers:** Department of Health licensed/certified laboratory

Available Tests		
36415 Routine venipuncture 1 Unit(s)	82746 Blood folic acid serum 1 Unit(s)	
80048 Basic metabolic panel 1 Unit(s)	82947 Assay, glucose, blood quant 1 Unit(s)	
80050 General health panel 1 Unit(s)	82948 Reagent strip/blood glucose 1 Unit(s)	
80051 Electrolyte panel 1 Unit(s)	82962 Glucose blood test 1 Unit(s)	
80053 Comprehen metabolic panel 1 Unit(s)	82977 Assay of GGT 1 Unit(s)	
80061 Lipid panel 1 Unit(s)	83036 Glycosylated hemoglobin test 1 Unit(s)	
80069 Renal function panel 1 Unit(s)	83615 Lactate (LD) (LDH) enzyme 1 Unit(s)	
80074 Acute hepatitis panel 1 Unit(s)	83655 ASSAY OF LEAD 1 Unit(s)	
80076 Hepatic function panel 1 Unit(s)	83690 Assay of lipase 1 Unit(s)	
80300 Drug screen, any number of drug classes	83718 Assay of lipoprotein 1 Unit(s)	
80301 Single drug class method	83735 ASSAY OF MAGNESIUM 1 Unit(s)	
80156 Assay, carbamazepine, total 1 Unit(s)	84075 Assay alkaline phosphatase 1 Unit(s)	
80157 Assay, carbamazepine, free 1 Unit(s)	84132 Assay of serum potassium 1 Unit(s)	
80164 Assay, dipropylacetic acid 1 Unit(s)	84146 ASSAY OF PROLACTIN 1 Unit(s)	
80168 ASSAY OF ETHOSUXIMIDE 1 Unit(s)	84155 Assay of protein, serum 1 Unit(s)	
80173 ASSAY OF HALOPERIDOL 1 Unit(s)	84295 Assay of serum sodium 1 Unit(s)	
80178 ASSAY OF LITHIUM 1 Unit(s)	84436 Assay of total thyroxine 1 Unit(s)	
80201 ASSAY OF TOPIRAMATE 1 Unit(s)	84439 Assay of free thyroxine 1 Unit(s)	
80299 Quantitative assay, drug 1 Unit(s)	84442 Assay of thyroid activity 1 Unit(s)	
80320 Alcohols	84443 Assay thyroid stim hormone 1 Unit(s)	
80321 Alcohol Biomarkers; 1 or 2	84450 Transferase (AST) (SGOT) 1 Unit(s)	
80322 Alcohol Biomarkers; 3 or more	84460 Alanine amino (ALT) (SGPT) 1 Unit(s)	
80324 Amphetamines; 1 or 2	84478 ASSAY OF TRIGLYCERIDES 1 Unit(s)	
80325 Amphetamines; 3 or 4	84479 Assay of thyroid (t3 or t4) 1 Unit(s)	
80326 Amphetamines; 5 or more	84480 Assay, triiodothyronine (t3) 1 Unit(s)	
80335 Antidepressants, tricyclic and other cyclicals; 1 or 2	84481 Free assay (FT-3) 1 Unit(s)	
80336 Antidepressants, tricyclic and other cyclicals; 3 or 4	84520 Assay of urea nitrogen 1 Unit(s)	
80337 Antidepressants, tricyclic and other cyclicals; 6 or more	84550 Assay of blood/uric acid 1 Unit(s)	
80342 Antipsychotics, not otherwise specified; 1-3	84702 Chorionic gonadotropin test 1 Unit(s)	
80343 Antipsychotics, not otherwise specified; 4-6	84703 Chorionic gonadotropin assay 1 Unit(s)	
80344 Antipsychotics, not otherwise specified; 7 or more	85004 Automated diff wbc count 1 Unit(s)	
80346 Benzodiazepines; 1-12	85014 Hematocrit 1 Unit(s)	
80347 Benzodiazepines; 13 or more	85018 Hemoglobin 1 Unit(s)	
80353 Cocaine	85025 Complete cbc w/auto diff wbc 1 Unit(s)	
81005 Urinalysis 1 Unit(s)	85027 Complete cbc, automated 1 Unit(s)	
81025 Urine pregnancy test 1 Unit(s)	85048 Automated leukocyte count 1 Unit(s)	
82075 Assay of breath ethanol 1 Unit(s)	85300 Antithrombin III test 1 Unit(s)	
82140 ASSAY OF AMMONIA 1 Unit(s)	86317 Immunoassay, infectious agent 1 Unit(s)	
82150 ASSAY OF AMYLASE 1 Unit(s)	86592 Blood serology, qualitative 1 Unit(s)	
82247 Bilirubin, total 1 Unit(s)	86618 Lyme disease antibody 1 Unit(s)	
82248 Bilirubin, direct 1 Unit(s)	86701 HIV-1 1 Unit(s)	
82310 Assay of calcium 1 Unit(s)	86703 HIV-1/HIV-2, single assay 1 Unit(s)	
82390 ASSAY OF CERULOPLASMIN 1 Unit(s)	86803 Hepatitis c ab test 1 Unit(s)	
82435 Assay of blood chloride 1 Unit(s)		
82465 Assay, bld/serum cholesterol 1 Unit(s)		
82540 ASSAY OF CREATINE 1 Unit(s)		
82550 Assay of ck (cpk) 1 Unit(s)		
82553 Creatine, MB fraction 1 Unit(s)		
82565 Assay of creatinine 1 Unit(s)		
82607 Vitamin B-12 1 Unit(s)		

## **Catalog Appendix # 2: DBH Definitions for Qualified Staff**

### **Bachelors Level**

An individual with a bachelor degree in social work, psychology, nursing, or closely related field supervised by a QMHP.

### **Qualified Mental Health Professional (QMHP)**

A qualified mental health professional, as defined in 9 CSR 30-4.030, is one of the following:

- a physician licensed under Missouri law to practice medicine or osteopathy and with training in mental health services or one (1) year of experience, under supervision, in treating problems related to mental illness or specialized training;
- a psychiatrist, a physician licensed under Missouri law who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program identified as equivalent by the Department of Mental Health;
- a psychologist licensed under Missouri law to practice psychology with specialized training in mental health services;
- a professional counselor licensed under Missouri law to practice counseling and with specialized training in mental health services;
- a clinical social worker with a master's degree in social work from an accredited program and with specialized training in mental health services;
- a psychiatric nurse, a registered professional nurse licensed under Chapter 335, RSMo with at least two (2) years of experience in a psychiatric setting or a master's degree in psychiatric nursing;
- an individual possessing a master's or doctorate degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or related field who has successfully completed a practical or has one (1) year of experience under the supervision of a mental health professional; or
- an occupational therapist certified by the American Occupational Therapy Certification board, registered in Missouri, has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting.

### **Licensed QMHP**

A qualified mental health professional as defined in 9 CSR 30-4.030, who is licensed under Missouri law to practice their chosen specialty.

### **Sign Language Fluent QMHP**

A qualified mental health professional as defined in 9 CSR 30-4.030, that possesses by training or experience, a thorough understanding of deafness and deaf culture. Language qualification credentials may be one of the following:

- 1) SCPI or SLPI- Linguistic Competency Interview Scale (Level 4 or 5 of the interview scale)
- 2) NAD- National Association of the Deaf (Interpreting Certificate of Level 4 or 5)
- 3) RID- Registry of Interpreters for the Deaf, including:
  - a. CSC-Comprehensive Skills Certificate
  - b. CI/CT-Certified Interpreter and Certified Transliterater
  - c. CDI Certified Deaf Interpreter
  - d. Nationally Certified OR Nationally Certified Advanced or Nationally Certified Master
- 4) MCDHH- or other State Quality Assurance Screening tests such as KS KQAS
  - a. Advanced or Comprehensive or systemic equivalent
- 5) Linguistic measurement tools as approved by the Office of Deaf Services

## **Catalog Appendix # 2 Continued:**

### **License Eligible Psychologist**

An individual who meets the requirements of licensure as a psychologist in the state of Missouri as set forth by the state committee of psychologists, except for post-doctoral experience. The individual should be registered with the state committee of psychologists and pursuing licensure.

### **Licensed Psychologist**

A psychologist licensed under Missouri law to practice psychology with specialized training in mental health services.

### **Advanced Practice Nurse (Nurse Practitioner)**

As defined in section 335.011, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing.

### **Physician**

A physician licensed under Missouri law to practice medicine or osteopathy and with training in mental health services or one (1) year of experience, under supervision, in treating problems related to mental illness or specialized training

### **Child Psychiatrist**

A licensed physician who has successfully completed a residency in child psychiatry and is board eligible or a board certified child psychiatrist.

### **Psychiatric Resident**

A psychiatric resident who has completed at least twenty-four months of a residency program and is a third or fourth year resident. The resident must apply with accreditation counsel for graduate medical education (ACGME) program requirements.

### **Psychiatric Pharmacist**

A registered pharmacist in good standing with the Missouri Board of Pharmacy who is a board certified psychiatric pharmacist (BCPB) or a registered pharmacist currently in a psycho pharmacy residency where the service has been supervised by a board certified psychiatric pharmacist.

## **Catalog Appendix #3: Integrated Dual Disorders Treatment (IDDT) Services Requirements**

1. The contractor has submitted a letter of intent along with supporting documentation to show interest in providing Integrated Dual Disorders Treatment (IDDT). It is required that the contractor follow the IDDT model outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services and show progress in fidelity ratings over time. Information regarding this model can be accessed from SAMHSA at <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>.
2. The contractor shall meet the following requirements to be eligible to provide and bill for IDDT services:
  - 2.1 Policies and procedures must be incorporated into the existing manual to guide the co-occurring services and be consistent with the IDDT model.
  - 2.2 A multi-disciplinary team that includes representation, at a minimum, of the following disciplines: a psychiatrist, a nurse, a qualified mental health professional, community support worker and a qualified substance abuse professional. The number and patterns of IDDT team will be guided by the needs and number of clients being supported. The team shall include individuals with knowledge and training in IDDT skills including co-occurring disorders, motivational interviewing, stage-wise treatment, cognitive behavioral strategies and substance use disorders treatment. Residential/housing services and vocational/supported employment services will be available and accessible, through referral or provided directly, until a specialist in these areas can be added to the team.
  - 2.3 All IDDT team members will be expected to pursue professional development, particularly in the area of IDDT. Staff training shall include reading the IDDT toolkit and *Integrated Treatment for Dual Diagnosis: A Guide to Effective Practice* by Kim T. Mueser. IDDT team members will also have a training plan developed which addresses specific IDDT philosophies, as well as motivational interviewing, stage-wise treatment, cognitive behavioral interventions and substance use treatment.
  - 2.4 For individual counseling, group counseling, and assessment, eligible providers must be either a qualified mental health professional (QMHP) or a qualified substance abuse professional (QSAP) and meet co-occurring counselor competency requirements established by the Department of Mental Health. For group education the eligible provider must be supervised by either a qualified mental health professional (QMHP) or a qualified substance abuse professional (QSAP) who meets the co-occurring counselor competency requirements established by the Department of Mental Health. Co-occurring counselor competency requirements are defined as:
    - a. a QMHP or a QSAP with one year of training or supervised experience in substance use treatment, and
    - b. if individual has less than one year of experience in IDDT, must be actively acquiring 24 hours of training in IDDT specific content and receive supervision (could be via phone under contract) from experienced IDDT staff.
  - 2.5 Quality improvement plan includes monitoring compliance with contractor's IDDT program philosophy and mission statement, identifying and measuring client outcomes specific to IDDT treatment, self-assessing fidelity to the IDDT model and client satisfaction.
  - 2.6 Services will be delivered according to the IDDT model; will be time unlimited with the intensity modified according to level of need and degree of recovery; will include specific interventions to promote physical health; and will target specific services to non-responders. The following will be expected:
    - a. All clients receive a screening for both mental health and substance use/abuse disorders using Department identified screening tools. If a person presents with both mental health and substance use identified service needs, then
    - b. The person will receive an integrated mental health/substance use assessment, which identifies service needs as well as the individual's stage of readiness to change. The assessment of readiness to change should be multi-dimensional and address a variety of life areas, symptoms, etc.
    - c. An integrated treatment plan will be developed by the multi-disciplinary team, and will include the client. For persons with dual disorders, the treatment plan will always address mental health and substance use, and will typically involve building both skills and supports for recovery goals. All interventions are consistent with and determined by the individual's stage of treatment (engagement, persuasion, active treatment, relapse prevention) that is identified.
    - d. IDDT services will include crisis intervention, medication services, medication administration, community support, outreach/engagement, co-occurring individual counseling, co-occurring group counseling, and co-occurring group education. Until and unless housing and vocational specialists are part of the multidisciplinary team, referral arrangements must be established and available for those services. Referral arrangements must also be established and available for those needing detoxification or hospitalization services.
    - e. Staff will help individuals in the engagement and persuasion stages recognize the consequences of their substance use, resolve ambivalence related to their addiction, and introduce them to self-help principles. Clients in the active treatment or relapse prevention stage provided co-occurring counseling and education and are assisted to connect with self-help programs in the community.
    - f. In order to establish an understanding of the nature of the psychiatric illness and its interaction with substance use, families and significant others will receive education and, as appropriate, be involved in therapy.
  - 2.7 Fidelity to the IDDT model and successful consumer outcomes is the goal of implementing this evidence based practice. Fidelity to the IDDT model is a developmental process. The expectation is that agencies will develop a plan and make gradual steps to full fidelity. Agencies do not have to reach full fidelity before the additional billing codes can added to the contract.

### **IDDT SERVICES:**

H0004HH	Co-Occurring Individual Counseling	Unit: ¼ hour
H0005HH	Co-Occurring Group Counseling	Unit: ¼ hour
H0025HQHH	Co-Occurring Group Education	Unit: ¼ hour
H0031HH	Co-Occurring Assessment Supplement	Unit: Per Assessment

## **Catalog Appendix # 4: TCM Requirements for Children/Youth in State Psychiatric Facilities**

### **1. General**

- 1.1 The contractor shall follow the established protocol and communication related to Targeted Case Management (TCM) services for children/youth and their families who are in the care of children's state psychiatric facilities (state facility) where the cost of services is reimbursed by Medicaid.
- 1.2 The contractor shall provide TCM services in accordance with requirements of the Purchase of Service Catalog and the TCM Provider Manual.
- 1.3 The contractor shall designate a management person responsible for communications with the state facility regarding TCM services. The state facility will designate a person(s) to: 1) receive progress notes and invoices; 2) address questions related to billing; and 3) address questions related to service provision.

### **2. Treatment Planning**

- 2.1 Prior to the child's admission, the state facility and the contractor will collaborate on the assistance, if any, that the family will require in order to participate in family visits and clinical treatment plan reviews.
- 2.2 TCM services shall be outlined in the coordinated treatment plan at the time of admission to the state facility. The plan shall reflect changes in services/supports as they are identified.
- 2.3 Treatment plan coordination for TCM shall be a joint effort between the contractor, the state facility, and the child/youth's family and/or legal guardian, and must be documented in the state facility treatment plan. The state facility treatment plan shall govern the services while the child/youth is in placement.
- 2.4 The contractor shall participate in the monthly treatment plan review. The state facility will coordinate scheduling of treatment plan reviews with the contractor and family and/or guardian.
- 2.5 The contractor shall assist in the provision of resources for the family and/or guardian, such as for visitation, participation in the clinical treatment plan reviews, and support the agreed upon arrangements for home visit passes. The contractor's assistance will be outlined on the state facility's coordinated treatment plan.

### **3. Billing**

- 3.1 The contractor understands and agrees that TCM can only be billed 30 days prior to a planned discharge from the state facility.
- 3.2 Billing for TCM services shall not exceed 10 hours per month/per child/youth without the agreement in writing of the Chief Operating Officer for the state facility where the child/youth resides.
- 3.3 While a child/youth is in placement, the contractor shall submit TCM invoices containing the information that was previously submitted to Medicaid to the state facility within the fiscal year they are incurred, preferably no later than the 15<sup>th</sup> day of the month following the month of service along with progress notes that support the authorized units billed. This documentation is required for Medicaid auditing purposes. Payment is not guaranteed for invoices received after the end of the fiscal year unless the services were incurred in June of that year.
- 3.4 In the event the cost of care for a child/youth is no longer reimbursable to the state facility by Medicaid, the contractor shall have the responsibility to provide case management through an alternative funding source. The state facility shall notify the contractor in writing of this circumstance.