

**PROCEDURE CODES & UNIT**

**Valid Procedure Codes and its modifiers, which is billable to SAMH or Medicaid**

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
CPT							
90801	HW	<b>B</b>	No	Yes	Psychiatric Evaluation (Evaluation and management) when funded by the state mental health authority	12, 14.	To be reported to DCF in minutes
99217	HW	<b>B</b>	No	Yes	Evaluation Discharge (Evaluation and management) per diem when funded by the state mental health authority	03, 09	To be reported to DCF in days
99220	HW	<b>B</b>	No	Yes	Evaluation Initial (Evaluation and management) per diem when funded by the state mental health authority	03, 09	To be reported to DCF in bed days
90885	HW	<b>B</b>	No	Yes	Psychiatric review of hospital records when funded by the state mental health authority	12,	To be reported to DCF in minutes
HCPC							
A0160	HD	<b>S</b>	No	Yes	Transportation of clients for the purpose of access to medical / therapeutic services	11	To be reported to DCF in minutes
D9430	HD	<b>S</b>	No	Yes	Office Visit during Hours, Primary Medical Care for Women	12	To be reported to DCF in minutes
G0190	HD	<b>S</b>	No	Yes	Pediatric Health Care: Immunization administration	12	To be reported to DCF in minutes
H0001		<b>S</b>	Yes	Yes	Alcohol and/or drug assessment (limited functional assessment)	01, 11, 14, 41	To be reported to DCF in minutes
H0001	HN	<b>S</b>	Yes	Yes	Alcohol and/or drug Bio-Psychosocial Evaluation	01, 11, 14, 41	To be reported to DCF in minutes
H0001	HO	<b>S</b>	Yes	Yes	In-Depth Alcohol and/or drug Assessment (new patient)	01,11, 14, 41	To be reported to DCF in minutes
H0001	TS	<b>S</b>	Yes	Yes	In-Depth Alcohol and/or drug Assessment (established patient)	01, 11, 14, 41	To be reported to DCF in minutes
H0002		<b>B</b>	No	Yes	Behavioral health screening to determine eligibility for admission to treatment program	01, 04, 11, 14, 41	To be reported to DCF in minutes

<sup>1</sup> Programs are: S= Substance Abuse; B= Both Mental Health and Substance Abuse; M= Mental Health

<sup>2</sup> Providers may report the procedure code under different cost centers than those recommended as follows: (a) if a procedure code is reportable in minutes or hours, then it should be allowable under any other cost center that is currently reported in minutes. If the procedure is a per diem code, then it should be allowable under any other cost center that is measured in days.

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
H0003		<b>S</b>	No	Yes	Alcohol and/or drug screening; screening; laboratory analysis of specimens for presence of alcohol and/or drugs	01, 11, 14,	To be reported to DCF in minutes
H0004		<b>B</b>	No	Yes	Behavioral health counseling and therapy, per 15 minutes	11, 14, 25, 29, 41	To be reported to DCF in minutes
H0004	HD	<b>S</b>	No	Yes	Behavioral health counseling and therapy, per 15 minutes	14, 35,	To be reported to DCF in minutes For SAPTBG reporting
H0004	HQ	<b>B</b>	No	Yes	Behavioral health counseling and therapy, per 15 minutes when conducted in a group setting	08, 11, 29, 35, 41	To be reported to DCF in minutes
H0005		<b>B</b>	No	Yes	Alcohol and/or drug services; group counseling by a clinician	35	To be reported to DCF in minutes
H0007		<b>S</b>	No	Yes	Alcohol and/or drug services; crisis intervention (Outpatient)	14	To be reported to DCF in minutes
H0008		<b>S</b>	No	Yes	Alcohol and/or drug services; sub-acute detoxification (Hospital Inpatient)	24,	To be reported to DCF in bed days
H0009		<b>S</b>	No	Yes	Alcohol and/or drug services; acute detoxification (Hospital Inpatient)	24,	To be reported to DCF in bed days
H0010		<b>S</b>	No	Yes	Alcohol and/or drug services; sub-acute detoxification (Residential Addiction Program Inpatient)	24,	To be reported to DCF in bed days
H0011		<b>S</b>	No	Yes	Alcohol and/or drug services; acute detoxification (Residential Addiction Program Inpatient)	24,	To be reported to DCF in bed days
H0012		<b>S</b>	No	Yes	Alcohol and/or drug services; sub-acute detoxification (Residential Addiction Program Outpatient)	24,	To be reported to DCF in days
H0013		<b>S</b>	No	Yes	Alcohol and/or drug services; acute detoxification (Residential Addiction Program Outpatient)	32,	To be reported to DCF in days
H0014		<b>S</b>	No	Yes	Alcohol and/or drug services; ambulatory detoxification	32,	To be reported to DCF in bed days

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
H0015		<b>S</b>	No	Yes	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education	14,	To be reported to DCF in minutes
H0016		<b>S</b>	No	Yes	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	12	To be reported to DCF in minutes
H0017		<b>B</b>	No	Yes	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	18 to 21	To be reported to DCF in days
H0018		<b>B</b>	No	Yes	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem	18 to 21 or 39	To be reported to DCF in days
H0019		<b>B</b>	Yes	Yes	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	18 to 21	To be reported to DCF in days
H0020		<b>S</b>	Yes	Yes	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	13	To be reported to DCF in dosage
H0022		<b>S</b>	Yes	Yes	Alcohol and/or drug intervention service (planned facilitation)	11,	To be reported to DCF in minutes
H0023		<b>B</b>	No	Yes	Behavioral health outreach service (planned approach to reach a targeted population)	15	To be reported to DCF in minutes
H0024		<b>B</b>	No	Yes	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)	16, 30	To be reported to DCF in minutes

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
H0025		<b>B</b>	No	Yes	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)	16	To be reported to DCF in minutes When Cost Center 17 is reported, use '1' minute only.
H0026		<b>S</b>	No	Yes	Alcohol and/or drug Prevention process service, Community-Based (Delivery of services to develop skills of impactors)	16	To be reported to DCF in minutes
H0027		<b>S</b>	No	Yes	Alcohol and/or drug Prevention Environmental service (Broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	16	To be reported to DCF in minutes
H0028		<b>S</b>	No	Yes	Alcohol and/or drug Prevention Problem Identification and Referral Service (e.g. student assistance and employee assistance programs), does not include assessment	16	To be reported to DCF in minutes
H0029		<b>S</b>	No	Yes	Alcohol and/or drug Prevention Alternatives Service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)	16	To be reported to DCF in minutes
H0030		<b>B</b>	No	Yes	Behavioral health hotline service	04, 30	To be reported to DCF in minutes
H0031		<b>B</b>	Yes	Yes	Mental health assessment, by non-physician (For SAMH's Functional Assessment)	01, 14 (CFARS),	To be reported to DCF in minutes
H0031	HA	<b>M</b>	Yes	Yes	Mental health assessment, by non-physician provided in a child/adolescent program Medicaid: Comprehensive Behavioral Health Assessment	01,	To be reported to DCF in minutes
H0031	HM	<b>M</b>	No	Yes	Mental health assessment, by non-physician (individual with a Doctoral Degree)	01, 08, 14, 25,	To be reported to DCF in minutes
H0031	HN	<b>M</b>	Yes	Yes	Mental health assessment, by non-physician (individual with a Bachelor's Degree)	01, 08, 14, 11,12	To be reported to DCF in minutes
H0031	HO	<b>M</b>	Yes	Yes	Mental health assessment, by non-physician (individual with a Master's Degree)	01, 14,	To be reported to DCF in minutes

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
H0031	TS	<b>M</b>	Yes	Yes	Mental health assessment, by non-physician	01,	To be reported to DCF in minutes
H0032		<b>M</b>	Yes	Yes	Mental health service plan development by non-physician in a specialized mental health program for high-risk populations	04, 08, 12, 14, 11	To be reported to DCF in minutes
H0032	TS	<b>M</b>	Yes	Yes	Mental health service plan development by non-physician as a follow-up service	04, 08, 12, 14, 11	To be reported to DCF in minutes
H0035		<b>M</b>	No	Yes	Mental health partial hospitalization, treatment, less than 24 hours	04	To be reported to DCF in minutes
H0036		<b>M</b>	No	Yes	Community psychiatric supportive treatment, face-to-face, per 15 minutes	08, 11, 12, 14, 15	To be reported to DCF in minutes
H0038		<b>M</b>	No	Yes	Self-help/peer services, per 15 minutes	Any cost center measured in minutes or hours	To be reported to DCF in minutes When reporting for Cost Center '07', report '1' minute only. Proposed for future Medicaid billing.
H0039		<b>M</b>	No	Yes	Assertive community treatment, face-to-face, per 15 minutes <b>(ACT-15 min)</b>	34	To be reported to DCF in minutes
H0039	FD	<b>M</b>	No	Yes	Assertive community treatment, per 15 minutes <b>(ACT-15 min)</b> , FACT Non-Face-to-Face Contact	34	To be reported to DCF in minutes
H0039	FI	<b>M</b>	No	Yes	Assertive community treatment, per 15 minutes <b>(ACT-15 min)</b> , FACT Indirect Contact	34	To be reported to DCF in minutes
H0039	FO	<b>M</b>	No	Yes	Assertive community treatment, per 15 minutes <b>(ACT-15 min)</b> , FACT administrative	34	To be reported to DCF in minutes
H0043		<b>M</b>	No	Yes	Supported housing,	26	To be reported to DCF in minutes
H0045		<b>M</b>	No	Yes	Respite care services, not in the home, per diem	22	To be reported to DCF in minutes
H0046		<b>M</b>	Yes	Yes	Mental health services, not otherwise specified Medicaid: Behavioral Health Services: Verbal Interaction/ Mental Health	Any applicable cost center measured in minutes	To be reported to DCF in minutes
H0046	HE	<b>M</b>	No	Yes	Mental health services, not otherwise specified when done by a Bachelors level staff.	Any applicable cost center measured in minutes	To be reported to DCF in minutes
H0047		<b>S</b>	No	Yes	Alcohol and/or other drug abuse services, not otherwise specified Medicaid: Behavioral Health Services: Verbal Interaction/ Substance Abuse	Any applicable cost center measured in minutes	To be reported to DCF in minutes.

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
H0048		<b>B</b>	No	Yes	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	12, 14,11	To be reported to DCF in minutes for Substance Abuse. Proposed for future Medicaid billing.
H0048	HE	<b>B</b>	No	Yes	Alcohol and/or other drug testing: collection and handling only, specimens other than blood, in a mental health program when done by a Bachelors level staff	12, 14,11	To be reported to DCF in minutes for Mental Health. Proposed for future Medicaid billing
H1003	HD	<b>S</b>	No	Yes	Prenatal care, at-risk enhanced service; education		To be reported to DCF in minutes for Substance Abuse
H2000		<b>M</b>	Yes	No	Comprehensive multidisciplinary evaluation (psychiatric review of records)		To be reported to DCF in minutes
H2000	HO	<b>M</b>	Yes	No	Comprehensive multidisciplinary evaluation (by non-physician)		To be reported to DCF in minutes
H2000	HP	<b>M</b>	Yes	No	Comprehensive multidisciplinary evaluation (by physician)		To be reported to DCF in minutes
H2010		<b>M</b>	No	Yes	Comprehensive Medication Services, per 15 minutes	12, 14,	To be reported to DCF in minutes
H2010	HE	<b>M</b>	Yes	Yes	Comprehensive medication services, per 15 minutes (mental health program brief individual medical psychotherapy)	12, 14	To be reported to DCF in minutes
H2010	HF	<b>S</b>	Yes	Yes	Comprehensive medication services, per 15 minutes (Substance Abuse Program Brief Individual Medical Psychotherapy)	12, 14	To be reported to DCF in minutes Pending Medicaid Approval for use on or after July 1, 2004
H2010	HM	<b>M</b>	No	Yes	Comprehensive Medication Services, per 15 minutes (Individual with less than Bachelors degree)	12, 14	To be reported to DCF in minutes
H2010	HN	<b>M</b>	No	Yes	Comprehensive Medication Services, per 15 minutes (Individual with Bachelors degree)	12, 14	To be reported to DCF in minutes
H2010	HO	<b>M</b>	Yes	Yes	Comprehensive Medication Services, per 15 minutes (individual with Master's degree)	12, 14,	To be reported to DCF in minutes
H2010	HP	<b>M</b>	No	Yes	Comprehensive Medication Services, per 15 minutes (individual with Doctoral degree)	12, 14,	To be reported to DCF in minutes

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
H2010	HQ	<b>M</b>	Yes	Yes	Comprehensive Medication Services, per 15 minutes (Group medical therapy)	12, 14	To be reported to DCF in minutes
H2011		<b>M</b>	No	Yes	<i>Crisis Intervention Service, per 15 minutes</i>	04, 08, 11, 12, 14, 15	To be reported to DCF in minutes
H2012		<b>B</b>	Yes	Yes	Behavioral Health Day Treatment, per hour (mental health)	Any cost center measured in minutes	To be reported to DCF in minutes.
H2012	HD	<b>S</b>	No	Yes	Child care services provided while client is in day treatment	05	To be reported to DCF in minutes
H2012	HF	<b>S</b>	Yes	Yes	Behavioral Health Day Treatment, per hour (substance abuse)	Any cost center measured in minutes	To be reported to DCF in minutes.
H2012	HW	<b>B</b>	No	Yes	Behavioral Health Day Treatment, per diem, when funded by the state mental health program	06, 32,	To be reported to DCF in days
H2013		<b>M</b>	No	Yes	Psychiatric Health Facility Service, per diem	03, 09	To be reported to DCF in bed days
H2014		<b>M</b>	No	Yes	Skills Training and Development, per 15 minutes	08, 14, 35, 06, 11, 15	To be reported to DCF in minutes
H2015		<b>M</b>	No	Yes	Comprehensive Community Support Services, per 15 minutes	Any cost center measured in minutes	
H2017		<b>M</b>	Yes	Yes	Psychosocial Rehabilitation Services, per 15 minutes (Including counseling and skills training and development)	Any cost center measured in minutes	To be reported to DCF in minutes
H2019		<b>M</b>	Yes	Yes	Psychological Testing	08, 14	To be reported to DCF in minutes
H2019	HM	<b>B</b>	Yes	Yes	Therapeutic Behavioral Services, per 15 minutes (behavior management)	08, 14	To be reported to DCF in minutes
H2019	HN	<b>B</b>	Yes	Yes	Therapeutic Behavioral Services, per 15 minutes (therapeutic support)	08, 14	To be reported to DCF in minutes
H2019	HO	<b>M</b>	Yes	Yes	Therapeutic Behavioral services, per 15 minutes (therapy)	08, 14	To be reported to DCF in minutes
H2019	HQ	<b>M</b>	Yes	Yes	Therapeutic Behavioral services (Group Behavioral Therapy Services)	08, 14	To be reported to DCF in minutes
H2019	HR	<b>M</b>	Yes	Yes	Therapeutic Behavioral Services, per 15 minutes (therapeutic support)	08, 14	To be reported to DCF in minutes
H2020		<b>M</b>	No	Yes	Therapeutic Behavioral Services, per diem	19, 20	To be reported to DCF in minutes

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
H2020	HA	<b>M</b>	Yes	Yes	Therapeutic Behavioral services, per diem (behavioral health overlay services for child welfare)	19, 20	To be reported to DCF in days
H2020	HK	<b>M</b>	Yes	No	Therapeutic Behavioral services, per diem (behavioral health overlay services in juvenile justice settings)	19, 20	To be reported to DCF in days
H2020	HQ	<b>M</b>	No	No	Therapeutic Behavioral Group Care Services, per diem	19, 20	To be reported to DCF in minutes
H2021		<b>M</b>	No	Yes	Community-Based Wrap-Around Services, per 15 minutes	Any cost center measured in minutes	To be reported to DCF in minutes
H2021	HA	<b>M</b>	No	Yes	Community-Based Wrap-Around Services, per 15 minutes, for a child/adolescent program, when done by a Masters level staff person.	Any cost center measured in minutes	To be reported to DCF in minutes
H2021	HM	<b>M</b>	No	Yes	Community-Based Wrap-Around Services, per 15 minutes, when done by an individual with less than a Bachelors degree.	Any cost center measured in minutes	To be reported to DCF in minutes
H2025		<b>M</b>	No	Yes	Ongoing Support to Maintain Employment, per 15 minutes	25	To be reported to DCF in minutes
H2027		<b>M</b>	No	Yes	Psycho-educational Service, per 15 minutes	08, 11, 12, 14, 15	To be reported to DCF in minutes
H2028		<b>B</b>	No	Yes	Sexual Offender Treatment Service, per 15 minutes		To be reported to DCF in minutes
H2029		<b>B</b>	No	Yes	Sexual Offender Treatment Service, per diem		To be reported to DCF in minutes
H2030		<b>M</b>	Yes	Yes	Mental Health Clubhouse Services, per 15 minutes	40	To be reported to DCF in minutes
H2035		<b>S</b>	No	Yes	Alcohol and /or drug treatment program per hour	14	To be reported to DCF in minutes
H2036		<b>S</b>	No	Yes	Alcohol and /or drug treatment program per diem	06	To be reported to DCF in days
H2037		<b>S</b>	No	Yes	Developmental delay, prevention activities, dependent child of client, per 15 mins.	05	To be reported to DCF in minutes. Proposed for future Medicaid billing.
IE001		<b>B</b>	No	Yes	Incidental Expenses		To be reported to DCF in increments of \$50.00
S0201		<b>B</b>	No	Yes	Partial Hospitalization services, less than 24 hours, per diem		To be reported to DCF in days



Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
S0316	HF	<b>S</b>	No	Yes	Post-test Counseling: HIV/TB education and/or counseling	14	To be reported to DCF in minutes
S0317	HF	<b>S</b>	No	Yes	HIV/AIDS therapeutic measures to prevent and treat onset and deterioration	12	To be reported to DCF in minutes
S3645		<b>S</b>	No	Yes	HIV-1 ANTIBODY TESTING OF ORAL MUCOSAL TRANSUDATE	12	
S4330		<b>M</b>	No	Yes	MH Crisis Outreach Services (MH Mobile Crisis Services)	04	To be reported to DCF in minutes
S4331		<b>M</b>	No	Yes	MH Crisis Residential Room and Board is NOT included in this service	03	To be reported to DCF in days
S5145		<b>M</b>	Yes	Yes	Foster care, child, per diem Medicaid: Specialized Therapeutic Foster Care – Level I, per diem	20	To be reported to DCF in days.
S5145	HE	<b>M</b>	Yes	Yes	Foster care, child, per diem Medicaid: Specialized Therapeutic Foster Care – Level II, per diem	19	To be reported to DCF in days.
S5145	HK	<b>M</b>	Yes	Yes	Foster care, child, per diem Medicaid: Specialized Therapeutic Foster Care – Crisis Intervention	04	To be reported to DCF in days.
S5151		<b>B</b>	No	Yes	“Unskilled respite care, not hospice; per diem		To be reported to DCF in days
S9125		<b>B</b>	No	Yes	Per diem non-residential respite in the home		To be reported to DCF in days
T1006		<b>S</b>	No	Yes	Alcohol and/or substance abuse services, family/couple counseling	14	To be reported to DCF in minutes
T1007		<b>S</b>	Yes	Yes	Alcohol and/or substance abuse services, treatment plan development and/or modification (New and Established Patient)	04, 08, 12, 14	To be reported to DCF in minutes. Proposed for future Medicaid billing.
T1007	TS	<b>S</b>	Yes	Yes	Alcohol and/or substance abuse services, treatment plan review	04, 08, 12, 14	To be reported to DCF in minutes
T1009		<b>S</b>	No	Yes	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	11, 14, 16	To be reported to DCF in minutes
T1012		<b>S</b>	No	Yes	Alcohol and/or substance abuse services, skills development	14, 25, 26	To be reported to DCF in minutes
T1015		<b>B</b>	Yes	Yes	Clinic visit/encounter, all inclusive (medication		To be reported to DCF in minutes

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
					management) per event		
T1015	HE	<b>M</b>	Yes	Yes	Clinic visit/encounter, all inclusive (behavioral health service: specimen collection / mental health)		To be reported to DCF in minutes
T1015	HF	<b>S</b>	Yes	Yes	Clinic visit/encounter, all inclusive (behavioral health service: specimen collection / substance abuse)		To be reported to DCF in minutes
T1016		<b>B</b>	No	Yes	Case management	02, 11, 14, 29	To be reported to DCF in minutes
T1016	HD	<b>S</b>	No	Yes	Case management (Activities on behalf of persons, face to face contact, telephone contact)	02	To be reported to DCF in minutes: For SAPTBG reporting
T1017	HA	<b>B</b>	No	Yes	Targeted case management in a child/adolescent program	02, 04, 08, 11, 14, 25, 35	To be reported to DCF in minutes
T1017	HB	<b>B</b>	No	Yes	Targeted case management in an adult program, non-geriatric	02, 04, 08, 11, 14, 25,	To be reported to DCF in minutes
T1017		<b>B</b>	No	Yes	Targeted case management	10,	To be reported to DCF in minutes
T1023	HE	<b>M</b>	Yes	Yes	Screening to determine the appropriateness of consideration of an individual for participation in a specific program, project or treatment protocol, per encounter (behavioral health screening service / mental health)	01	To be reported to DCF in minutes
T1023	HF	<b>M</b>	Yes	Yes	Screening to determine the appropriateness of consideration of an individual for participation in a specific program, project or treatment protocol, per encounter (behavioral health screening service / substance abuse)		To be reported to DCF in minutes
T2001		<b>S</b>	No	Yes	Non-emergency transportation; patient attendant / escort		
T2002		<b>S</b>	No	Yes	Non-emergency transportation; per diem		
T2003		<b>S</b>	No	Yes	Non-emergency transport; commercial carrier, encounter / trip		
T2004		<b>S</b>	No	Yes	Non-emergency transport; commercial carrier, multi-pass		
T2010		<b>M</b>	No	Yes	MH Screening PASARR-1 (3)	01, 14	To be reported to DCF in minutes
T2010	HE	<b>M</b>	Yes	Yes	Comprehensive medication services, per 15 minutes (mental health program brief individual medical psychotherapy)	12	To be reported to DCF in minutes
T2010	HF	<b>S</b>	Yes	Yes	Comprehensive medication services, per 15	12	To be reported to DCF in minutes

Procedure Codes	Modifiers	Programs <sup>1</sup>	BILLABLE TO		Long Description	Recommended cost centers (also see footnote) <sup>2</sup>	Comments
			MEDICAID	SAMH/DCF			
					minutes (substance abuse program brief individual medical psychotherapy)		
T2010	HO	<b>M</b>	Yes	Yes	Comprehensive medication services, per 15 minutes (brief behavioral health status examination)	12	To be reported to DCF in minutes
T2010	HQ	<b>M</b>	Yes	Yes	Comprehensive medication services, per 15 minutes (group medical therapy)	12	To be reported to DCF in minutes
T2011		<b>M</b>	No	Yes	MH Screening PASARR-2 (5)	01, 14	To be reported to DCF in minutes
RB001		<b>B</b>	No	Yes	Room and Board with Supervision, Level 1	36	To be reported to DCF in bed days.
RB002		<b>B</b>	No	Yes	Room and Board with Supervision, Level 2	37	To be reported to DCF in bed days.
RB003		<b>B</b>	No	Yes	Room and Board with Supervision, Level 3	38	To be reported to DCF in bed days.