## **Modifier Codes and Definitions**

The following table contains the approved modifiers, which provider agencies can use when reporting client-specific service events. The OCA codes below will be used to report non-client specific and special population data outside of SAMH. The table contains the codes and definitions approved modifiers known at the time of publication. It will be updated as required, as new codes are added and codes are deleted or deactivated.

Panel Approved Code	Short Description	Definition
АН	Clinical Psychologist	To designate the person providing a service is a licensed Clinical Psychologist
AJ	Clinical Social Worker	To designate the person providing a service is a licensed Clinical Social Worker
AM	Physician, Team Member Service	To designate the person providing a service is a medical doctor acting as part of a team service.
B0	MHA01 - Adult Mental Health 24hr Residential Services	To designate allowable expenditures for 24 Hour residential services (non-hospitalization).
B1	MHA09 - Adult Mental Health Non- Residential Services	To designate allowable expenditures for non-residential services.
B2	MHA18 – Adult Mental Health Crisis Services	To designate allowable expenditures for crisis services.
В3	MHA25 - Adult Mental Health Prevention Services	To designate allowable expenditures for prevention services.
B4	MHA70 - Adult Mental Health Projects	To designate allowable expenditures for Adult Mental Health Projects
B5	MHA72 – Community Forensic Beds	To designate allowable expenditures for Adult Community Forensic Beds
B6	MHA73 – Adult Mental Health FACT – Administrative Services	To designate allowable expenditures for the salaries and expenses of the FACT team. Counted as state's Medicaid Admin match.
B7	MHA74 – Adult Mental Health FACT - Expenses	To designate allowable expenditures for the expenses of the FACT team
B8	MHA75 – Indigent Psychiatric Medication Program	To designate allowable expenditures for the Indigent Psychiatric Medication Program
B9	MHAJD – Grants Jail Diversion and Trauma Recovery	To designate allowable expenditures for the Grants Jail Diversion and Trauma Recovery
BA	MHAPG – Grants PATH	To designate allowable expenditures for the Grants PATH
ВВ	MHATB - Adult Mental Health TANF Eligible	To designate the allowable expenditures for TANF eligible participants. Priority for CWI families.
ВС	MHC01 - Children Mental Health 24hr Residential Services	To designate the allowable expenditures for 24 Hour residential services (non-hospitalization).
BD	MHC09 - Children Non-Residential Services	To designate the allowable expenditures for non-residential services.
BE	MHC18 - Children Crisis Services	To designate the allowable expenditures for children's crisis services.
BF	MHC25 – Children Prevention Services	To designate the allowable expenditures for children's prevention services
BG	MHC70 – Children Mental Health Projects	To designate the allowable expenditures for Children Mental Health Projects

BI MF Ins (B BJ MF  BK MF  BK MS  BL MS  Ser  BM MS  Ser  BN MS  BO MS	HC71 – Residential Treatment for notionally Disturbed Children/Youth HCBN – Title XXI Children's Health surance Program Behavioral Health Network) HCMD – Miami Wrap Around Grant HCFA – FACES Miami SA03 - Adult 24hr Residential rvices SA11 - Adult Non-Residential rvices SA21 - Adult Detoxification Services SA23 – Adult HIV Services	Purchase of Residential Treatment services for Emotionally Disturbed children and youth  To designate the allowable expenditures for the Title XXI Children's Health Insurance Program  To designate the allowable expenditures for the Miami-Dade County Wrap Around Grant  To designate the allowable expenditures for the Miami-Dade County Wrap Around FACES Grant  To designate the allowable expenditures for 24 Hour residential services (non-hospitalization)  To designate the allowable expenditures for non-residential services.  To designate the allowable expenditures for non-residential services.
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BN MS BO MS	SA21 - Adult Detoxification Services	To designate the allowable expenditures for non-residential services.  To designate the allowable expenditures for
BN MS BO MS	SA21 - Adult Detoxification Services	non-residential services.  To designate the allowable expenditures for
BO MS		To designate the allowable expenditures for
BO MS		
BO MS		detoxification services.
	77 14 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To designate the allowable expenditures for
BP MS		adult HIV services
	SA25 - Adult Prevention Services	To designate the allowable expenditures for
		prevention services.
BQ MS	SA27 – SAPTBG Set-Aside for	To designate the allowable expenditures for
•	egnant Women and Children	the SAPTBG Set-Aside for Pregnant Women
	SA70 – Adult Substance Abuse	To designate the allowable expenditures for
	pjects	Adult Substance Abuse Projects
L	SA81 – Expansion of Services for	To designate the allowable expenditures for
	egnant Women and their Families	the expansion services for Pregnant Women
	SATB - Adult TANF Eligible	To designate the allowable expenditures for
l Mis	711D 71ddit 17111 Eligible	adult TANF eligible participants
BU MS	SC03 - Children 24hr Residential	To designate the allowable expenditures for
	rvices	24 Hour residential services (non-
Sei	T VICCS	hospitalization)
BV MS	SC11 - Children Non-Residential	To designate the allowable expenditures for
	rvices	non-residential services
L	SC21 - Children Detoxification	To designate the allowable expenditures for
	rvices	children's detoxification services
	SC23 – Children's HIV Services	To designate the allowable expenditures for
IVIS	3C23 - Children's III v Scrvices	children's HIV services
BY MS	SC25 - Children Prevention Services	To designate the allowable expenditures for
I MIS	5C25 - Children Flevendon Services	children's prevention services
BZ MS	SC70 – Children's Substance Abuse	To designate the allowable expenditures for
	ojects	children's substance abuse projects
	SCTB - Children TANF Eligible	To designate the allowable expenditures for
CA   MS	SCID - CHIMIEN TAINF ENGINE	children TANF eligible participants
CB MS	SCPP – Partners for Prevention	To designate the allowable expenditures for
Gra Gra		the Partners for Prevention Grant
	SC80 – Informed Families	
CC   MS	5Cov – Illiotilleu Fallilles	To designate the allowable expenditures for
CD	HA88 - Guidance Care Center – Key	Informed Families
CD MH We		SFBHN
	HA93 – Camillus Health Network	SFBHN
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CF MH	HA94 – Citrus Health Network	SFBHN

Panel Approved Code	Short Description	Definition
CG	MSA91 – Family Intensive Treatment (FIT)	
СН	MSA85 – Strengthen Our Communities	
CI	MHC87 – Baycare Behavioral Health Children	CFBHN
CJ	MHA90 – Northside Mental Health Center	CFBHN
CL	MSC95 – DACCO	CFBHN
CM	MHA96 – Baycare Behavioral Health Vets	CFBHN
FD	FACT Non Face-to-face contact	To designate a service provided by a FACT team when working with the client, but not face-to-face, i.e., telephone contact with the client.
FI	FACT Indirect contact	To designate a service provided by a FACT team on behalf of the client not directly involving the client, i.e., discussion with a family member or employer.
FO	FACT administrative	To designate a service done on behalf of a client and not involving the client. This includes travel, paperwork, and other administrative duties as required.
НА	Child/adolescent program	To designate services designed for children and/or adolescents. Specific age boundaries are not specified to allow for variation in states.
НВ	Adult program, non-geriatric	To designate services designed for adults. Changed to non-geriatric.
НС	Older adult programs, geriatric	To designate services designed for older (geriatric) adults. Changed to geriatric.
HD	Pregnant/parenting women's program	To designate services designed for pregnant women or women with dependent children.
НЕ	Mental health program	To designate that a procedure is associated with a program specifically designed to provide mental health services.
HF	Substance abuse program	To designate that a procedure is associated with a program specifically designed to provide substance abuse services.
НН	Integrated mental health / substance abuse program	To designate that a procedure is associated with a program specifically designed to provide integrated services to persons who need both mental health and substance abuse services.
НІ	Integrated mental health and mental retardation / developmental disabilities program	To designate that a procedure is associated with a program specifically designed to provide integrated services to persons who need both mental health and mental retardation/developmental disability services.
НЈ	Employee Assistance Program	To designate that a procedure is associated with an employee assistance program.
НК	Specialized mental health Programs for high risk populations	To designate that a procedure is associated with a program specifically designed to address the mental health needs specific to high risk populations.

Panel Approved Code	Short Description	Definition
HL	Intern	The rendering provider is a social worker
		intern or psychologist intern. (Interns are
		reimbursed at different rates than the
		supervising provider under whose number a
		claim is submitted.
HM	Less than bachelor degree level	The rendering provider has an educational
		attainment less than a bachelor's degree.
HN	Bachelor's degree level	The rendering provider has a highest
		educational attainment of a bachelor's degree.
НО	Master's degree level	The rendering provider has a highest
		educational attainment of a master's degree.
HP	Doctoral level	The rendering provider has a highest
		educational attainment of a doctoral degree.
HQ	Group setting	To designate services provided to more than
		one client during a single treatment event,
		such that clients have no particular
		relationship.
HR	Family/couple, with client present	To designate services provided to more than
		one client during a single treatment event,
		such that the persons served share familial or
		significant other relationships.
HS	Family/couple, without client present	To designate services provided to more than
		one client during a single treatment event,
		such that the persons served share familial or
		significant other relationships.
HT	Multi-disciplinary Team	To designate a service that is provided by
****	E 1 11 CT 11 W 10	multiple providers of different disciplines.
HU	Funded by Child Welfare Agency	To indicate that the service is funded by funds
1137	E a la la Contra A la Contra A contra Contra A contra Cont	appropriated of a child welfare agency.
HV	Funded by State Addictions Agency	To indicate that the service is funded by funds
HW	Funded by State Mental Health Agency	appropriated of a state additions agency.  To indicate that the service is funded by funds
hw .	Funded by State Mental Health Agency	appropriated of a state mental health agency.
HX	Funded by County/Local Agency	To indicate that the service is funded by funds
11X	Tunded by County/Local Agency	appropriated of a county or local agency.
HY	Funded by Juvenile Justice Agency	To indicate that the service is funded by a
111	Tunded by suverme sustice Agency	juvenile justice agency.
HZ	Funded by Criminal Justice Agency	To indicate that the service is funded by a
112	Tunded by eliminal sustice rigency	criminal justice agency.
Н9	Court-ordered	To indicate that the service was ordered by a
	Court ordered	court.
MT	Multi-disciplinary treatment team	To designate services provided by a multi-
1111	Trate disciplinary treatment team	disciplinary treatment team.
		disorpiniary treatment team.
OS	Service Related to 2010 Gulf Oil Spill	Not valid after September 2012.
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R1	First Bed Day (Residential Admission	This indicates the beginning of a residential
111	Day)	stay within the agency. It is applicable to
		Residential levels 1 to 4, Detox, CSU,
		Inpatient or Room and Board.
R2	Continuing Bed Day	This indicates continuing residential stay
<del></del>	2	within the agency. It is applicable to
		Residential levels 1 to 4, Detox, CSU,
		Inpatient or Room and Board.
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Panel Approved Code	Short Description	Definition
R3	Last Bed Day	This indicates the end of a residential stay
		within the agency. It is applicable to
		Residential levels 1 to 4, Detox, CSU,
		Inpatient or Room and Board.
TD	Registered Nurse	To designate the person providing a service is
		a Registered Nurse
TE	LPN/LVN	To designate the person providing a service is
		a licensed practical nurse or a licensed
		vocational nurse
TN	Rural/out of service area	To indicate that the service was delivered in a
		rural area
TS	Follow-up service	To indicate that the service is a follow-up to
		previously provided services.
UK	Collateral	To designate services provided to a collateral
		of a client. A collateral person is a spouse,
		child, parent or other person adversely
		affected by someone else's substance abuse
		problem.
10	27CHV – Children IV	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
11	27HIV – IV Drug Usage	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
12	27WOM – Services to Women	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
13	89Q01 – BNET	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
14	89Q13 – BNET	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
15	CFBAS – Comm Forensic Beds	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
16	DPG08 – Indigent Drug Program	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
17	GJDT1 - Jail Diversion and Trauma	For use by Central Florida Behavioral Health
	Recovery	Network providers only. Designates the
		service is paid by this specific funding source.
18	GX018 - PATH	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
19	SB004 - Screening Intervention	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
20	SP503 - Family Emergency Treatment	For use by Central Florida Behavioral Health
	Center - Manatee	Network providers only. Designates the
		service is paid by this specific funding source.
21	SP505 - Charlotte County CMH Center	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.

Panel Approved Code	<b>Short Description</b>	Definition
22	SP511 - SRT - Hillsborough	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
23	SP516 - Cooper CSU	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
24	SP525 - Family Emergency Treatment	For use by Central Florida Behavioral Health
	Ctr - Pinellas	Network providers only. Designates the
		service is paid by this specific funding source.
25	SP542 - CSU District 08	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
26	SP553 - Family Emergency Treatment	For use by Central Florida Behavioral Health
	Ctr - Sarasota	Network providers only. Designates the
		service is paid by this specific funding source.
27	SP560 - Ruth Cooper CSU - Lee	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
28	SP611 - Adol Res SA Tx Facility	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
29	SP645 - Phoenix House	For use by Central Florida Behavioral Health
		Network providers only. Designates the
		service is paid by this specific funding source.
30	SP646 - First Step Mother/Infants	For use by Central Florida Behavioral Health
		Network providers only. Designates the
	0P.445 P.1.000	service is paid by this specific funding source.
31	SP647 - DACCO	For use by Central Florida Behavioral Health
		Network providers only. Designates the
22	CDC51 Fig. C. M. d. W. C.	service is paid by this specific funding source.
32	SP651 - First Step Mother/Infants	For use by Central Florida Behavioral Health
		Network providers only. Designates the
33	CDDM5 Oranga County Desciving	service is paid by this specific funding source.  For use by Central Florida Behavioral Health
33	SPRM5 - Orange County Receiving	•
	Center	Network providers only. Designates the service is paid by this specific funding source.
34	WO027 - Title IV B	For use by Central Florida Behavioral Health
34	WOOZ7 - Title IV B	Network providers only. Designates the
		service is paid by this specific funding source.
35	HCR – Haitian Community Response	Not valid after September 2012.
33	Mental Mental	Two valid after September 2012.
	William	
36	HCR – Haitian Community Response	Not valid after September 2012.
	Substance Abuse	1.00 .and area september 2012.
37	FACES – Wraparound Project	Designated for the FACES Wraparound
	raparound i roject	Project
29	MHC - CSU	J
38	MITC - CSU	
39	CARED	
40	Expanded Pregnant Women	New for FY 13-14
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Panel Approved Code	Short Description	Definition
41	MHC Forensic	New for FY 13-14
42	FACES Miami	SFBHN
43	PRTS	
44	FIS	
45	Indicated Prevention	
46	Selective Prevention	
47	Universal Prevention - Direct	
48	Universal Prevention - Indirect	
49	Family Intensive Treatment (FIT)	
90	Suncoast C-10 Providers	Designated for CFBHN Circuit 10 Providers.