



**EXHIBIT B
SERVICE CODE DESCRIPTIONS**

CODE	SERVICE DESCRIPTION	BILLING UNIT
BEHAVIORAL HEALTH SERVICES		
H0031	<p>Intake Assessment</p> <p>The Initial Assessment is used to document pertinent information that will be used as part of the process for determining what service or combination of services might best meet an individual’s stated/presenting need(s). The information gathered is both historical as well as what is currently happening in an individual’s life.</p>	Per Event
90832	<p>Individual Therapy – 30 Minutes</p> <p>Individual Therapy is defined as one-on-one psychotherapy that takes place between a mental health therapist and a beneficiary. - Provider must hold a DMH therapist certification (PCMHT or CMHT) or a state level license in (i.e. LMFT, LPC, LCSW)</p>	Per Event
90834	<p>Individual Therapy – 45 Minutes</p> <p>Individual Therapy is defined as one-on-one psychotherapy that takes place between a mental health therapist and a beneficiary. - Provider must hold a DMH therapist certification (PCMHT or CMHT) or a state level license in (i.e. LMFT, LPC, LCSW)</p>	Per Event
90837	<p>Individual Therapy – 60 minutes</p> <p>Individual Therapy is defined as one-on-one psychotherapy that takes place between a mental health therapist and a beneficiary. - Provider must hold a DMH therapist certification (PCMHT or CMHT) or a state level license in (i.e. LMFT, LPC, LCSW)</p>	Per Event

CODE	SERVICE DESCRIPTION	BILLING UNIT
90846	<p>Family Therapy w/o Youth</p> <p>Family Therapy is defined as psychotherapy that takes place between a mental health therapist and a beneficiary's family members, with or without the presence of the beneficiary. Family therapy may also include others (Department of Human Services (DHS) staff, foster family members, etc.) with whom the beneficiary lives or has a family-like relationship. This service includes family psychotherapy, psychoeducation, and family-to-family training. - Provider must hold a DMH therapist certification (PCMHT or CMHT) or a state level license in (i.e. LMFT, LPC, LCSW)</p>	Per Event
90847	<p>Family Therapy w/ Youth</p> <p>Family Therapy is defined as psychotherapy that takes place between a mental health therapist and a beneficiary's family members, with or without the presence of the beneficiary. Family therapy may also include others (Department of Human Services (DHS) staff, foster family members, etc.) with whom the beneficiary lives or has a family-like relationship. This service includes family psychotherapy, psychoeducation, and family-to-family training. - Provider must hold a DMH therapist certification (PCMHT or CMHT) or a state level license in (i.e. LMFT, LPC, LCSW)</p>	Per Event
90853	<p>Group Therapy</p> <p>Group Therapy is defined as psychotherapy that takes place between a mental health therapist and at least two (2) but no more than ten (10) children at the same time. - Provider must hold a DMH therapist certification (PCMHT or CMHT) or a state level license in (i.e. LMFT, LPC, LCSW)</p>	Per 15 Minutes

CODE	SERVICE DESCRIPTION	BILLING UNIT
H2011-FTF	<p>Crisis Intervention – Face-To-Face</p> <p>Crisis Intervention is therapeutic engagement conducted face-to-face at a time of internal or external turmoil in a child’s life with a focus on producing effective coping. Crisis intervention strategies may be directed toward alleviating immediate personal distress, assessing the precipitants that produced the crisis, and /or developing preventative strategies to reduce the likelihood of future similar crises. This service may be provided to family members when their involvement relates directly to the identified needs of the child</p>	Per 15 Minutes
H2011-PHN	<p>Crisis Intervention – Phone</p> <p>A therapeutic engagement conducted over the phone at a time of internal or external turmoil in a child’s life with a focus on producing effective coping. Crisis intervention strategies may be directed toward alleviating immediate personal distress, assessing the precipitants that produced the crisis, and /or developing preventative strategies to reduce the likelihood of future similar crises. This service may be provided to family members when their involvement relates directly to the identified needs of the child</p>	Per 15 Minutes
H0038	<p>Peer Support</p> <p>Peer Support Services are person-centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. Peer Support Service is a helping relationship between peers and/or family member(s) that are directed toward the achievement of specific goals defined by the consumer. It may also be provided as a family partner role. – Provider must be a DMH certified Peer Support Specialist</p>	Per 15 Minutes



CODE	SERVICE DESCRIPTION	BILLING UNIT
BEHAVIORAL SUPPORT SERVICES		
5515	Team Meetings Attendance at Child and Family Team meetings or Educational Case Conferences. Individual must have a strategy or task listed on the individuals CFTM Plan.	Per hour
5516	Court Hearing Attendance	Per appearance
MEDICAL SERVICES		
T1002	Nursing Services Nursing Assessment takes place between a registered nurse and a beneficiary for the purpose of assessing extra-pyramidal symptoms, medication history, medical history, progress on medication, current symptoms, progress or lack thereof since last contact and providing education to the beneficiary and the family about the illness and the course of available treatment.	Per 15 Minutes
New Patients		
90791	Psychiatric Diagnostic Evaluation w/ out Medical Services A psychiatric evaluation is, in its simplest terms, an evaluation designed to diagnose emotional, behavioral, or developmental conditions or disorders. The initial evaluation will explore many aspects including developmental history, medical history, family history, social and environmental influences, academic/work concerns, and emotional and cognitive strengths and weaknesses. <ul style="list-style-type: none"> • Must not of had a physical examination, prescriptions, or adjustments in medications. 	Per Event
90792	Psychiatric Diagnostic Evaluation w/ Medical Services A psychiatric evaluation is, in its simplest terms, an evaluation designed to diagnose emotional, behavioral, or developmental conditions or disorders. The initial evaluation will explore many aspects including developmental history, medical history, family history, social and environmental influences, academic/work concerns, and emotional and cognitive strengths and weaknesses.	Per Event

CODE	SERVICE DESCRIPTION	BILLING UNIT
99201	<p>Evaluation & Management – 10 Minutes</p> <p>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.</p>	Per Event
99202	<p>Evaluation & Management – 20 Minutes</p> <p>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.</p>	Per Event
99203	<p>Evaluation & Management – 30 Minutes</p> <p>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.</p>	Per Event

CODE	SERVICE DESCRIPTION	BILLING UNIT
99204	<p>Evaluation & Management – 45 Minutes</p> <p>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.</p>	Per Event
99205	<p>Evaluation & Management – 60 Minutes</p> <p>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.</p>	Per Event
Existing Patient		
99211	<p>Evaluation & Management – 5 Minutes</p> <p>Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.</p>	Per Event

CODE	SERVICE DESCRIPTION	BILLING UNIT
99212	<p>Evaluation & Management – 10 Minutes</p> <p>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.</p>	Per Event
99213	<p>Evaluation & Management – 15 Minutes</p> <p>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 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.</p>	Per Event
99214	<p>Evaluation & Management – 25 Minutes</p> <p>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.</p>	Per Event



CODE	SERVICE DESCRIPTION	BILLING UNIT
99215	<p>Evaluation & Management – 40 Minutes</p> <p>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.</p>	Per Event