

## **Chapter 503**

### **Licensed Behavioral Health Center (LBHC) Services**

## **Appendix 503I.2**

### **Certified Community Behavioral Health Clinics Service Codes**

CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

CCBHC Service Code Matrix Updated on 11/25/2024

Required (R) or Allowable (A)	Service Category	Service Code	Service Description	PPS Trigger Service	Included in Cost Report	Provider Claim Form	Prior Authorization	Carved-out	Reimbursement	CLIA Certificates as Appropriate	Bypass <sup>1</sup>	Additional Information
R	Encounter	T1040	<p>CCBHC Encounter Code</p> <p>Note: Claims with T1040 must include the services rendered to the member on the same date of service (except carved-out services). The T1040 does not require prior authorization; however, if a trigger code does not have required authorization, the T1040 will deny for no prior authorization.</p>	Yes	Yes	UB-04	No	No	PPS	N/A	N/A	<p>Claims with T1040 must include the services rendered to the member on the same date of service (except carved-out services). The T1040 does not require prior authorization; however, if a trigger code does not have required authorization, the T1040 will deny for no prior authorization.</p> <p>For any service that is provided by telehealth, modifier code "95" must be listed beside the actual service code, not the T1040 encounter code. This information should be on the UB-04</p>

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												claim form under line item #44.
R	Screening, Assessment, and Diagnosis	H0031	Mental Health Assessment by Non-Physician	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Screening, Assessment, and Diagnosis	90791	Psychiatric Diagnostic Evaluation (No Medical Services)	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Screening, Assessment, and Diagnosis	90792	Psychiatric Diagnostic Evaluation with Medical Services (Includes Prescribing of Medications)	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Screening, Assessment, and Diagnosis	T1023, HE	Screening By Licensed Psychologist	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Screening, Assessment, and Diagnosis	96110	Developmental Testing: Limited	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Screening, Assessment, and Diagnosis	96112	Developmental test administration by qualified professional with interpretation and report, first hour	Yes	Yes	UB-04	Required	No	Pays \$0	N/A	No	

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R	Screening, Assessment, and Diagnosis	96113	Developmental test administration by qualified professional with interpretation and report, each additional 30 minutes	Yes	Yes	UB-04	Required	No	Pays \$0	N/A	No	
R	Screening, Assessment, and Diagnosis	96116	Developmental Testing Neurobehavioral status exam, administration, face to face time with patient and time interpreting test results and preparing report	Yes	Yes	UB-04	Required	No	Pays \$0	N/A	No	
R	Screening, Assessment, and Diagnosis	96130	Psychological testing evaluation services by qualified health care professional, including interpretation, report preparation and feedback to patient and caregivers, first hour	Yes	Yes	UB-04	Required	No	Pays \$0	N/A	No	

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R	Screening, Assessment, and Diagnosis	96131	Psychological testing evaluation services by qualified health care professional, including interpretation, report preparation and feedback to patient and caregivers, each subsequent hour.	Yes	Yes	UB-04	Required	No	Pays \$0	N/A	No	
R	Screening, Assessment, and Diagnosis	96132	Neuropsychological testing evaluation services by qualified health care professional, including interpretation, report prep, feedback to patient and caregivers, first hour.	Yes	Yes	UB-04	Required	No	Pays \$0	N/A	No	
R	Screening, Assessment, and Diagnosis	96133	Neuropsychological testing evaluation services by qualified health care professional, including interpretation, report prep, feedback to patient and	Yes	Yes	UB-04	Required	No	Pays \$0	N/A	No	

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			caregivers, each additional hour.									
R	Screening, Assessment, and Diagnosis	96136	Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method, first 30 minutes.	Yes	Yes	UB-04	Required	No	Pays \$0	N/A	No	
R	Screening, Assessment, and Diagnosis	96137	Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method, Each additional 30 minutes.	Yes	Yes	UB-04	Required	No	Pays \$0	N/A	No	
R	Screening, Assessment, and Diagnosis	96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only, event.	No	Yes	UB-04	Required	No	Pays \$0	N/A	No	



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R	Person-Centered and Family-Centered Treatment Planning	H0032	Mental Health Service Plan Development	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Person-Centered and Family-Centered Treatment Planning	H0032, AH	Mental Health Service Plan Development by Psychologist	No	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Person-Centered and Family-Centered Treatment Planning	90887	Case Consultation	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Person-Centered and Family-Centered Treatment Planning	G9008	Physician coordinated care oversight services	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health and Substance Use Services	H2019	Therapeutic Behavioral Services-Implementation	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Outpatient Mental Health and Substance Use Services	H2019, HO	Therapeutic Behavioral Services-Development	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Outpatient Mental Health	H0004, HO	Behavioral health counseling,	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	

**DISCLAIMER:** This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.



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	and Substance Use Services		Professional, Individual									
R	Outpatient Mental Health and Substance Use Services	H0004, HO, HQ	Behavioral health counseling, Professional, Group	No	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Outpatient Mental Health and Substance Use Services	H0004	Behavioral health counseling, Supportive, Individual	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Outpatient Mental Health and Substance Use Services	H0004, HQ	Behavioral health counseling, Supportive, Group	No	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Outpatient Mental Health and Substance Use Services	90832	Psychotherapy, 30 minutes with patient	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health and Substance Use Services	90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health and Substance Use Services	90834	Psychotherapy, 45 minutes with a patient	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health	90836	Psychotherapy, 45 minutes with patient	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	

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	and Substance Use Services		when performed with an evaluation and management service									
R	Outpatient Mental Health and Substance Use Services	90837	Psychotherapy, 60 minutes with patient	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health and Substance Use Services	90875	Individual Psychotherapy Biofeedback	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health and Substance Use Services	90876	Individual Psychotherapy Biofeedback	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health and Substance Use Services	90853	Group Psychotherapy (Other than of a multiple-family group)	No	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health and Substance Use Services	90839	Psychotherapy for Crisis Procedure	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health and Substance Use Services	90840	Psychotherapy for Crisis Services and Procedures	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	

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R	Outpatient Mental Health and Substance Use Services	90846	Family Psychotherapy (without the patient present)	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Outpatient Mental Health and Substance Use Services	90847	Family Psychotherapy (with the patient present)	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
A	Outpatient Mental Health and Substance Use Services	H2010	Comprehensive medication services, Mental health	No	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Primary Care Screening and Monitoring	99202	Office or other outpatient visit for the evaluation and management of a new patient 15-29 minutes, straight forward	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Primary Care Screening and Monitoring	99203	Office or other outpatient visit for the evaluation and management of a new patient 30-44 minutes, low	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Primary Care Screening and Monitoring	99204	Office or other outpatient visit for the evaluation and management of a	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	

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			new patient 45-59 min, moderate									
R	Primary Care Screening and Monitoring	99205	Office or other outpatient visit for the evaluation and management of a new patient 60-74 min, high	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Primary Care Screening and Monitoring	99211	Office or other outpatient visit for the evaluation and management of an established patient	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Primary Care Screening and Monitoring	99212	Office or other outpatient visits for the evaluation and management of an established patient, straight forward	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Primary Care Screening and Monitoring	99213	Office or other outpatient visits for the evaluation and management of an established patient, low	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Primary Care Screening and Monitoring	99214	Office or other outpatient visits for the evaluation and management of an	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	

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			established patient, moderate									
R	Primary Care Screening and Monitoring	99215	Office or other outpatient visits for the evaluation and management of an established patient, high	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	CCBHC Targeted case management (TCM) Services	T1017	TCM services	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Psychiatric Rehabilitation Services	H2014, U4	Skills Training and Development, paraprofessional 1:1	No	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Psychiatric Rehabilitation Services	H2014, U1	Skills Training and Development paraprofessional 1:2-4	No	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Psychiatric Rehabilitation Services	H2014, HN, U4	Skills Training and Development	No	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Psychiatric Rehabilitation Services	H2014, HN, U1	Skills Training and Development	No	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Psychiatric Rehabilitation Services	H2015	Comprehensive Community Support Services	No	Yes	UB-04	No	No	Pays \$0	N/A	Yes	

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A	Psychiatric Rehabilitation Services	H2012	Day treatment	No	Yes	UB-04	Required	No	Pays \$0	N/A	Yes	
R	Peer Supports and Family/Caregiver Supports	H0038, HF	Peer support services substance use disorder	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Peer Supports and Family/Caregiver Supports	H0038, HE	Peer support services mental health	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Peer Supports and Family/Caregiver Supports	H0038, HA	Peer support services family peer	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams)	H2011	Crisis Intervention	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams)	90839	Psychotherapy for Crisis	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams)	S9485	Mobile Crisis Per Diem (Up to three hours for initial crisis intervention)	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	

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R	Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams)	S9484	Mobile Crisis Add-On (Every hour beyond the first three hours of intervention)	Yes	Yes	UB-04	No	No	Pays \$0	N/A	No	
R	Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams)	T1016	Mobile Crisis Follow-Up (Follow-up services provided by mobile crisis teams should not continue beyond four weeks post contact/response; by this time, teams should have provided links and warm handoffs to further care and services, as necessary)	Yes	Yes	UB-04	No	No	Pays \$0	N/A	Yes	
R	Laboratory	80061	Lipid Panel	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	84478	Triglycerides	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are

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												included in the cost report.
R	Laboratory	82465	Total Cholesterol	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	83036	Hemoglobin A1C	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	82948	Glucose blood test	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	82962	Glucose blood test	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	86701	HIV 1 single RAPID	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are

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												included in the cost report.
R	Laboratory	86702	HIV 2 single RAPID	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	86703	HIV 1 and 2 RAPID	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	86689	Western Blot	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	86703, 92	RAPID 1 and/or 2	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	81000	Urinalysis	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are



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												included in the cost report.
R	Laboratory	80305	Presumptive Drug testing	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	80306	Presumptive Drug testing	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Laboratory	80307	Presumptive Drug testing	No	Yes	UB-04	No	No	Pays \$0	Yes	No	Only laboratory services provided by a CCBHC (in-house) are included in the cost report.
R	Crisis Stabilization	H0036	Crisis stabilization, Community Psychiatric Supportive Treatment	No	No	CMS 1500	No	Yes	Medicaid fee schedule	N/A	Yes	CCBHCs are required to ensure crisis stabilization services are available to Medicaid members. The CCBHC may have a Memorandum of Understanding

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												(MOU) with another provider for these services.
R	Assertive Community Treatment (ACT)	H0040	Assertive community treatment (ACT)	No	No	CMS 1500	Required	Yes	Medicaid fee schedule	N/A	Yes	
R	Assertive Community Treatment (ACT)	H0040, XX	Rural ACT	TBD	TBD	CMS 1500	TBD	Yes	Medicaid fee schedule	N/A	N/A	Future service; criteria to be determined at a later date
R	Children's Serious Emotional Disorder (CSED) waiver services	H0004, HA	In-home family support	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	H2033, HA	Independent Living/Skill building	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	T1016, HA	Wraparound facilitation	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	T2021, HA	Job development	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.

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R	Children's Serious Emotional Disorder (CSED) waiver services	T2019, HA	Supported employment Individual	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	T2038, HA	Community transition	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	T2035, HA	Assistive equipment	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	G0176, HA	Extended professional services, specialized therapy	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	No	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	T1005, HA, HE	Respite care, out of home	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	T1005, HA	Respite care, in home	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.

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R	Children's Serious Emotional Disorder (CSED) waiver services	H0038, HA	Peer Parent Support	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	H0004, HO, HA	Family therapy	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Children's Serious Emotional Disorder (CSED) waiver services	A0160, HA	Non-medical transportation	No	No	CMS 1500	Per MCO Policy	Yes	MCO	N/A	Yes	Claims are submitted to MCO per MCO current policy.
R	Telehealth Services	Q3014	Telehealth originating site	No	Yes	UB-04	No	No	Pays \$0	N/A	No	
A	Residential Services	H2036	SUD Residential Services	No	No	CMS 1500	Required	Yes	Medicaid fee schedule	N/A	Yes	

<sup>1</sup> Bypass of these codes is only allowed if there are no other services besides the H and T codes provided on a date of service, then they can be billed directly to Medicaid. If there are other services provided in addition on the same date of service, then a claim with all services reported must be billed to the primary payer first.