

EOP REQUIRED FROM PRIMARY CARRIER PRIOR TO SUBMISSION FOR MEDICAID REIMBURSEMENT

2/3/2010

	Modifier 1	Modifier 2	Service Description	MEDICARE*	COMMERCIAL
Inpatient Services					
0113, 0114, 0118, 0123, 0124, 0133, 0134, 0143, 0153, 0154, 0169, 0203, 0204			HSCRC	Y	Y
			Institutes for Mental Disease (IMDs)	Y	Y
Residential Treatment					
0100**, 1001, H0017, H0018			Residential Treatment Center	Y	Y
			Regional Institute for Children and Adolescents (RICA)	Y	Y
Partial Hospitalization					
0949			IOP - Partial Hospital Model or Partial Program - Non Regulated Space	Y	Y
0912			Partial Hospitalization - Full Day	Y	Y
S0201			Partial Program - Non-Hospital Based	Y	Y
Intensive Outpatient					
S9480			Intensive Outpatient Psych Services, Per Diem (Clinic Model)	Y	Y
0905			Intensive Outpatient Services - Psychiatric	Y	Y
Inpatient Professional Billing Codes					
90816			Individual Therapy (20-30 Minutes) MD Only	Y	Y
90817			Individual Therapy (20-30 Minutes) MD Only	Y	Y
90818			Individual Therapy (45-50 Minutes) MD Only	Y	Y
90819			Individual Therapy (45-50 Minutes) MD Only	Y	Y
99221			Initial Hospital Care - Attending Physician Only	Y	Y
99222			Initial Hospital Care - Attending Physician Only	Y	Y
99223			Initial Hospital Care - Attending Physician Only	Y	Y
99231			Subsequent Hospital Care - Attending Physician Only	Y	Y
99232			Subsequent Hospital Care - Attending Physician Only	Y	Y
99233			Subsequent Hospital Care - Attending Physician Only	Y	Y
99238			Discharge Day Management - MD Only	Y	Y
99239			Discharge Day Management - MD Only	Y	Y
99251			Initial Inpatient Consultation - Physician Only	Y	Y
99252			Initial Inpatient Consultation - Physician Only	Y	Y
99253			Initial Inpatient Consultation - Physician Only	Y	Y
99254			Initial Inpatient Consultation - Physician Only	Y	Y
99255			Initial Inpatient Consultation - Physician Only	Y	Y
Outpatient Therapy Services (for Non-OMS Providers)					
90801			Psychiatric Diagnostic Interview	Y	Y
90804			Individual Psychotherapy (20-30 Minutes)	Y	Y
90805			Individual Psychotherapy with Med Eval/Mgmt	Y	Y
90806			Individual Psychotherapy (40-50 Minutes)	Y	Y
90807			Individual Psychotherapy with Med Eval/Mgmt	Y	Y
90846			Family Psychotherapy without Patient Present	Y	Y
Rev Codes					
0910, 0914, 0915, 0916,			Outpatient Services	Y	Y

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0917, 0918,				Y	Y
0919, 0510,				Y	Y
0513				Y	Y
90847			Family Psychotherapy with Patient Present	Y	Y
90847	52		Family Psychotherapy with Patient Present - Abbreviated services	Y	Y
90849			Multiple Family Group	Y	Y
90849	52		Multiple Family Group - Abbreviated services	Y	Y
90853			Group Psychotherapy	Y	Y
90853	21		Group Psychotherapy - Extended	Y	Y
90875			Individual psychotherapy w/ Biofeedback	Y	Y
90876			Individual Psychotherapy w/ biofeedback	Y	Y
90862			Pharmacological Management	Y	Y
T1015			FQHC clinic visit/encounter (all inclusive)	Y	Y
Outpatient Therapy Services (for OMS Providers)					
90801			Psychiatric Diagnostic Interview	Y	Y
90804			Individual Psychotherapy (20-30 Minutes)	Y	Y
90805			Individual Psychotherapy with Med Eval/Mgmt	Y	Y
90806			Individual Psychotherapy (40-50 Minutes)	Y	Y
90807			Individual Psychotherapy with Med Eval/Mgmt	Y	Y
90846			Family Psychotherapy without Patient Present	Y	Y
90847			Family Psychotherapy with Patient Present	Y	Y
90847	52		Family Psychotherapy with Patient Present - abbreviated services	Y	Y
90849			Multiple Family Group	Y	Y
90849	52		Multiple Family Group - Abbreviated services	Y	Y
90853			Group Psychotherapy	Y	Y
90875			Individual psychotherapy w/ Biofeedback	Y	Y
90876			Individual Psychotherapy w/ biofeedback	Y	Y
90862			Pharmacological Management	Y	Y
Rev Codes			Outpatient Services		
0910, 0914,				Y	Y
0915, 0916,				Y	Y
0917, 0918,				Y	Y
0919, 0510,				Y	Y
0513				Y	Y
90889			Discharge	N/A	N
Rev Code 0929			Discharge	N/A	N
90846/0982			Family Psychotherapy w/o the identified patient present	Y	Y
T1015			FQHC clinic visit/encounter (all inclusive)	Y	Y
BCARS					
90801	HA		Psychiatric Diagnostic Interview	Y	Y
90804	HA		Individual Psychotherapy (20-30 Minutes)	Y	Y
90805			Individual Psychotherapy with Med Eval/Mgmt	Y	Y
90806	HA		Individual Psychotherapy (40-50 Minutes)	Y	Y
90807	HA		Individual Psychotherapy with Med Eval/Mgmt	Y	Y
90808	HA		Individual Psychotherapy (75-80 Minutes)	Y	Y
90809	HA		Individual Psychotherapy with Med Eval/Mgmt (75-80 Min)	Y	Y
90846	HA		Family Psychotherapy without Patient Present	Y	Y
90847	HA		Family Psychotherapy with Patient Present	Y	Y
90849	HA		Multiple Family Group	Y	Y

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90853	HA		Group Psychotherapy	Y	Y
90862	HA		Pharmacological Management	Y	Y
90875	HA		Individual psychotherapy w/ Biofeedback	Y	Y
90876	HA		Individual Psychotherapy w/ biofeedback	Y	Y
H0002	HA		Behavioral Health Screening PRP Assessment (7)	N	N
H0032	HA		Mental Health Service Plan Development by Non Physician BCARS	N	N
H0045	HA		Respite Care Services - Not in home (per diem)	N	N
T1005	HA		Respite Care Services - In home	N	N
S9485 (1)	HA		Residential Crisis Service	N	N
S5145 (1)	HA		Treatment Foster Care	N	N
96152	HA		TBS BCARS	N	N
Mental Health Service Plan					
H0032			Mental Health Service Plan Development by Non Physician	N	N
Outpatient Psychotherapy Services-Consults					
90808			Individual Psychotherapy (75-80 Minutes)	Y	Y
90809			Individual Psychotherapy with Med Eval/Mgmt (75-80 Min)	Y	Y
99241			Office Consult - MDs only	Y	Y
99242			Office Consult - MDs only	Y	Y
99243			Office Consult - MDs only	Y	Y
99244			Office Consult - MDs only	Y	Y
99245			Office Consult - MDs only	Y	Y
99354			Prolonged Service Requiring Face to Face Patient Contact beyond the usual service	Y	Y
99355			Each Additional 30 minutes of a prolonged Psych Service	Y	Y
H2027			Family Psycho-education (Evidence Based Practice)	N	N
H1011			Family Psycho-education - With or Without Consumer Present	N	N
Therapeutic Nursery Services					
H0046			Therapeutic Nursery Services	N	N
Case Management Services					
H0031			Case Management Assessment	N	N
T1016			Case Management - Daily	N	N
TBS - Use DDA Dx and MH					
96150			Initial Assessment	N	N
96151			Reassessment	N	N
96152			TBS	N	N
Occupational Therapy Services Inpatient					
97003			Occupational Therapy Evaluation	Y	Y
97530			Therapeutic Activities, one on one patient contact, each 15 minutes	Y	Y
97535			Self Care/Home Management Training, each 15 min.	Y	Y
97537			Community/Work Reintegration Training, each 15 min.	Y	Y
97532			Development of Cognitive Skills, each 15 minutes	Y	Y
97150			Therapeutic Procedure, group (2 or more individuals)	Y	Y
97004			Reevaluation (per 15 minutes)	Y	Y
Occupational Therapy Services Outpatient					
97003			Occupational Therapy Evaluation	Y	Y
97530			Therapeutic Activities, one on one patient contact, each 15 minutes	Y	Y
97535			Self Care/Home Management Training, each 15 min.	Y	Y
97537			Community/Work Reintegration Training, each 15 min.	Y	Y
97532			Development of Cognitive Skills, each 15 minutes	Y	Y
97150			Therapeutic Procedure, group (2 or more individuals)	Y	Y

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97004			Reevaluation (per 15 minutes)	Y	Y
Rehabilitation Services - All Codes Must be Specifically Authorized Using the Appropriate Modifier (5) (6)					
H0002			Behavioral Health Screening PRP Assessment (7)	N	N
H2018	U2		Any Combination of On-Site or Off-Site services for Community PRP client, not living independently	N	N
H2018	U2		On-Site services for community PRP Client, not living independently (minimum 2 encounters)	N	N
H2018	U2		Off-Site services for community PRP Client, not living independently (minimum 2 encounters)	N	N
H2018	U3		Any Combination of On or Off-Site services for Supported Living Client, living independently (Minimum 6 encounters)	N	N
H2018	U3		Any Combination of On-Site services for Supported Living Client, living independently (Minimum 3 encounters)	N	N
H2018	U3		Any Combination of Off-Site services for Supported Living Client, living independently (Minimum 5 encounters)	N	N
H2018	U5		On-Site PRP services to Intensive Residential Clients (Minimum 4 Encounters)	N	N
H2018	U4		On-Site PRP services to General Residential Clients (Minimum 4 Encounters)	N	N
H2018	U4		Off-Site PRP Services to RRP General Clients (Minimum 13 Encounters)	N	N
H2018	U5		Off-Site PRP Services to RRP Intensive Clients (Minimum 19 Encounters)	N	N
H2018	U6		General Residential Combined (Minimum 17 Encounters)	N	N
H2018	U7		Intensive Residential Combined (Minimum 23	N	N
T1023			Transitional PRP. Any Combination of on/off sitePRP services to adult or TAY consumer transitioning to an RRP or IP Facility.	N	N
0911			Psychiatric Rehab - Johns Hopkins PRP	N	N
H2016			Encounter for PRP	N	N
RRP Bed					
H0019			Residential Bed Hold	N	N
T2048			Residential Room and Board	N	N
Enhanced Support					
S5150			Enhanced Support	N	N
Mobile Treatment					
H0040			Mobile Treatment Monthly (Non-Evidence Based)	N/A	N
H0040	52		Mobile Treatment (for Medicare Recipients Monthly)	N	N/A
H0040	21		Mobile Treatment - ACT (Evidence Based Practice)	N/A	N
H0040	U9		Mobile Treatment - ACT (for Medicare)	N	N/A
Respite Care					
H0045			Respite Care Services - Not in home (per diem)	N	N
T1005			Respite Care Services - In home	N	N

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Residential Crisis Services					
S9485 (1)			Residential Crisis Service	N	N
S5145 (1)			Treatment Foster Care	N	N
Supported Employment					
H2023			Supported Employment per 15 minutes (Intensive Job Coaching)	N	N
H2024			Supported Employment, Pre-Placement Phase	N	N
H2024	21		Supported Employment, Job Placement Phase	N	N
H2026			Extended Support Services	N	N
H2026	21		Ongoing Support (Evidence Based Practice)	N	N
S9445	52		Clinic Coordination (Evidence Based Practice)	N	N
S9445			On or Off-Site PRP Services for an Individual in a Supported Employment Program (Minimum 2 Encounters)	N	N
H2016	U1		Encounter for Supported Employment	N	N
Outpatient ECT					
90870			ECT Single Seizure with Monitoring	Y	Y
00104			Anesthesia for ECT	Y	Y
0901			ECT Facility	Y	Y
Inpatient ECT Treatment					
90870			ECT Single Seizure	Y	Y
00104			Anesthesia for ECT	Y	Y
0901			ECT Facility	Y	Y
Psych Testing					
96101			Psychological Testing	Y	Y
96102			Psychological Testing	Y	Y
Tramatic Brain Injury - Dx Code = 310.9					
W0037			Residential habilitation Level 1 {per day}	N/A	N/A
W0038			Residential habilitation Level 2 {per day}	N/A	N/A
W0039			Residential habilitation Level 3 {per day}	N/A	N/A
W0054			Day habilitation Level 1 {per day}	N/A	N/A
W0055			Day habilitation Level 2 {per day}	N/A	N/A
W0056			Day habilitation Level 3 {per day}	N/A	N/A
W0057			Supported Employment Level 1 {per day}	N/A	N/A
W0058			Supported Employment Level 2 {per day}	N/A	N/A
W0059			Supported Employment Level 3 {per day}	N/A	N/A
W0060			Individual Support Services {ISS}	N/A	N/A
BMHS Capitation					
G9010			Coordinated care fee, risk adjusted maintenance, Level 4 - Chesapeake	N	N
G9011			Coordinated care fee, risk adjusted maintenance, Level 5 - Creative Alternatives	N	N
Emergency Room Facility					
0450, 0451, 0452			Emergency Room	Y	Y
Emergency Room Physician					
99281			Emergency Department Visit	Y	Y
99282			Emergency Department Visit	Y	Y
99283			Emergency Department Visit	Y	Y
99284			Emergency Department Visit	Y	Y
99285			Emergency Department Visit	Y	Y
90801			Psychiatric Diagnostic Interview	Y	Y
90801	HA		Psychiatric Diagnostic Interview	Y	Y

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99241			Office Consult - MDs only	Y	Y
99242			Office Consult - MDs only	Y	Y
99243			Office Consult - MDs only	Y	Y
99244			Office Consult - MDs only	Y	Y
99245			Office Consult - MDs only	Y	Y
PRTF Waiver					
W5009			Caregiver Peer to Peer Support	N/A	N/A
W5008			Youth Peer to Peer Support	N/A	N/A
W5002			Family and Youth Training Individual	N/A	N/A
W5003			Family and Youth Training Group	N/A	N/A
W5004			Crisis & Stabilization Service	N/A	N/A
W5014			Art Therapy Individual	N/A	N/A
W5015			Art Therapy Group	N/A	N/A
W5012			Dance Therapy Individual	N/A	N/A
W5013			Dance Therapy Group	N/A	N/A
W5010			Equine Assisted Therapy Individual	N/A	N/A
W5011			Equine Assisted Therapy Group	N/A	N/A
W5020			Horticultural Therapy Individual	N/A	N/A
W5021			Horticultural Therapy Group	N/A	N/A
W5016			Music Therapy Individual	N/A	N/A
W5017			Music Therapy Group	N/A	N/A
W5018			Drama Therapy Individual	N/A	N/A
W5019			Drama Therapy Group	N/A	N/A
W5000			Respite Care In Home	N/A	N/A
W5001			Respite Care Residential	N/A	N/A
Transport					
A0362			Ambulance service, BLS, emergency transport, mileage, and disposable supplies separately billed	Y	Y
A0380			BLS Mileage {Per Mile}	Y	Y
Lab Services					
36415			Collection blood by Venipuncture	Y	Y
96372			Therapeutic Injection	Y	Y
80002-89999			Lab Services	Y	Y
*A Medicare EOP is not required for outpatient therapy provided by non-OMHC LCPCs					
** When there is an occurrence code (Printed) 24 (date insurance denied) In block 32 or 33.					