

## **Medicaid Reimbursement Categories Key**

### Peer Services

H0038 – Peer Support Services  
H2015 – Recovery Support Specialist Service  
H2016 – Comprehensive Community Support Services (Peer), per diem  
S9445 – Group Peer Support Services  
T1012 – Individual Peer Support Services

### Screening/Evaluation/Assessment

90791 – Psychiatric Diagnostic Evaluation/Intake Interview  
96127 – Brief Assessment  
99408 – SBIRT/Screening (15-30 mins)  
99409 – SBIRT/Screening (30+ mins)  
H0001 – Alcohol and/or Drug Assessment  
H0002 – Behavioral Health Screening to Determine Admission Eligibility; Extended Assessment (75+ mins); Screening and Referral  
H0031 – Behavioral/Mental Health Assessment by Non-Physician  
H0049 – Screening  
H2000 – Comprehensive Assessment  
T1011 – Evaluation/Determination of Placement  
T1023 – Program Intake Assessment; Brief Assessment

### Brief Intervention

99408 – SBIRT  
H0004 – Brief Treatment  
H0022 – Alcohol and/or Drug Intervention Services; Early Intervention  
H0049 – Screening and Intervention (less than 15 mins)  
H0050 – Brief Intervention

### Counseling Services

90832 – Individual Counseling/Psychotherapy, 30 mins (16-37 mins)  
90834 – Individual Counseling/Psychotherapy, 45 mins (38-52 mins)  
90837 – Individual Counseling/Psychotherapy, 60 mins (53+ mins)  
90839 – Psychotherapy for Crisis, first 60 mins  
90840 – Psychotherapy for Crisis, additional 30 mins  
90485 – Psychoanalysis  
90846 – Family Counseling/Psychotherapy (without client)  
90847 – Family Counseling/Psychotherapy (with client)  
90849 – Multiple Family Counseling/Psychotherapy  
90853 – Group (non-family) Counseling/Psychotherapy  
90877 – Collateral Therapy/Family Consultation  
96153 – Group Therapy  
96154 – Family Therapy (with client)  
96155 – Family Therapy (without client)  
99354 – Prolonged Individual Counseling/Psychotherapy Service (additional 30-60 mins)  
99355 – Additional Prolonged Individual Counseling/Psychotherapy Service (per 15-30 mins)  
H0004 – Individual Behavioral Health Therapy and Counseling  
H0005 – Group/Family Counseling  
H2019 – Individual/Group Therapy  
G0396 – Substance Use Disorder Counseling (25-45 mins)  
G0397 – Substance Use Disorder Counseling (45+ mins)  
T1006 – Family/Couple Counseling

### Community/Rehabilitative Supports

H0025 – Behavioral Health Prevention Education  
H0034 – Medication Monitoring/Training/Support  
H0036 – Basic Living Skills Training

H0043 – Supported Housing  
H2014 – Individual/Family Skills Training and Development; Behavioral Modification  
H2015 – Comprehensive Community Support Services; Addictive Diseases Support Services  
H2017 – Individual/Group Psychosocial Rehabilitative Services; Living Skills Training  
H2019 – Individual/Family Therapeutic Behavioral Services  
H2022 – Intensive In-Home Services  
H2025 – Supported Employment  
H2026 – Supported Employment (per diem)  
H2027 – Psychoeducational Services; Didactic Counseling  
S5110 – Family Support (Home Care Training)  
S5111 – Family Support and Training  
S9482 – Family Support  
T1012 – (Non-Peer) Recovery Support; Family Education  
T1019 – Personal Care Services  
T1020 – Personal Care Services (per diem)

### Case Management/Care Coordination

H0006 – Substance Use Disorder Case Management  
H0032 – Service Plan Development  
H2036 – Recovery Navigation Support  
G9012 – Substance Use Care Coordination; Ongoing Case Management  
T1007 – Treatment Plan Development  
T1016 – Case Management; Treatment Coordination  
T1017 – Case Management; Targeted Case Management  
T2023 – Targeted Case Management

### Crisis Intervention

90791 – Crisis Evaluation  
90839 – 24 Hour Access to Crisis Response, first 60 mins

90840 – 24 Hour Access to Crisis Response, additional 30 mins  
99510 – Mobile Crisis Response  
H2011 – Crisis Intervention/Management/Follow-up; Mobile  
Crisis Management  
H2018 – Crisis Residential Services  
S9484 – Crisis Stabilization/Intervention; Crisis Service Center;  
Mobile Crisis Service  
S9485 – Crisis Stabilization (per diem)

#### Bundles

H0010 – Subacute Detoxification (Residential Setting) (ASAM  
3.2-WM); High Intensity Residential Treatment; Clinically  
Managed Residential Treatment (ASAM 3.3; 3.5)  
H0011 – Acute Detoxification (Residential Setting) (ASAM 3.7-  
WM); Medically-Managed Residential Treatment (ASAM 4)  
H0012 – Subacute Detoxification (Outpatient Setting) (ASAM 2-

WM); Non-Medical Community Residential Treatment (ASAM  
3.5)  
H0013 – Outpatient Detoxification (Residential Setting) (ASAM  
2-WM); Medically Monitored Community Residential Treatment  
(ASAM 3.7)  
H0014 – Outpatient Detoxification (Ambulatory Setting) (ASAM  
2-WM)  
H0015 – Intensive Outpatient Program (ASAM 2)  
H0018 – Short-Term Residential Services; Medically Monitored  
Intensive Residential Treatment (ASAM 3.7); Residential  
Treatment Program with 17+ beds  
H0019 – Long-Term Residential Services; Clinically Managed  
High-Intensity Residential Treatment (ASAM 3.5)  
H0035 – Partial Hospitalization (ASAM 2.5)  
H0043 – Residential Alcohol and Drug Services (ASAM 3)  
H2001 – Outpatient Rehabilitation (2-4 hours)  
H2012 – Day Treatment (≤5 hours) (ASAM 2.1)

H2015 – Day Treatment (after 5 hours) (ASAM 2.5)  
H0020 – Opioid Treatment Program  
H2034 – Low-Intensity Residential Treatment/Halfway House  
(ASAM 3.1)  
H2035 – Outpatient Alcohol and/or Drug Treatment Services  
H2036 – High-Intensity Residential Treatment (ASAM  
3.3/3.5/3.7); Outpatient Alcohol and/or Drug Treatment  
Service, per diem/>4 hours; Medically Supervised Detoxification  
Crisis Stabilization (ASAM 3.7-WM); Residential Treatment  
Program with <16 beds; Residential Treatment Program (ASAM  
3.1/3.3/3.5/3.7)  
S0201 – Partial Hospitalization Services in Acute Care or  
Psychiatric Hospital; Partial Hospitalization Services (ASAM 2.5)  
S2080 – Health Home initial Recovery Action Plan  
S2081 – Health Home Ongoing Care Management  
S9480 – Intensive Outpatient Program