

Service Code Matrix by License type (5-2-16).xlsx

Service Code Matrix - Appropriate Use by License Type Group (Psychiatrist E/M Service Codes excluded)															
Service Code	Service Description	Mode SFC	Psychiatrist	Nurse Practitioner / Physician Assistant	Psych RN (Masters level)	RN (BSN)	Psych Tech / LVN	Licensed Psychologist	Waivered Psychologist	MFT / LCSW / LPCC	Registered Intern-MFT/ LCSW/ LPCC	Graduate/ Practicum Student	MHRS / Other Unlicensed QMHW		
NON BILLABLE	1001	Consumer No Show (Non Billable)	15-00	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
	1002	Consumer Cancelled (Non Billable)	15-00	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
	1003	Staff Cancelled (Non Billable)	15-00	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
	2017	Targeted Case Management (Non Billable)	15-00	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
	2701	Early Childhood Prevention & Early Intervention (Non Billable)	45-00	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
LOCAL CODES	2501	Adult Crisis Residential	05-40	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**	
	2601	Mental Health Rehabilitation	05-90	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**	
	2300	Day Treatment Intensive-Half Day	10-81	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**	
	2301	Day Treatment Intensive-Full Day	10-85	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**	
	2302	Day Rehabilitation-Full Day	10-95	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**	
	2303	Day Rehabilitation-Half Day	10-91	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**	
	2013	Medication Administration	15-61	YES	YES	YES	YES	YES	NO	NO	NO	NO	NO	NO	
	2014	Medication Training and Support	15-62	YES	YES	YES	YES	YES	NO	NO	NO	NO	NO	NO	
	2001	Assessment	15-30	Use CPT	Use CPT	Use CPT	NO	NO	Use CPT	Use CPT	Use CPT	Use CPT	Use CPT	YES**	NO
	2002	Collateral	15-10	Use CPT	Use CPT	YES	YES	YES	Use CPT	Use CPT	Use CPT	Use CPT	Use CPT	YES**	YES**
	2003	Group Collateral	15-10	Use CPT	Use CPT	YES	YES	YES	Use CPT	Use CPT	Use CPT	Use CPT	Use CPT	YES**	YES**
	2004	Family Therapy	15-11	Use CPT	Use CPT	YES	NO	NO	Use CPT	Use CPT	Use CPT	Use CPT	Use CPT	YES**	NO
	2005	Individual Therapy	15-40	Use CPT	Use CPT	YES	NO	NO	Use CPT	Use CPT	Use CPT	Use CPT	Use CPT	YES**	NO
	2006	Group Therapy	15-50	Use CPT	Use CPT	YES	NO	NO	Use CPT	Use CPT	Use CPT	Use CPT	Use CPT	YES**	NO
	2007	Family Rehabilitation	15-12	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**
	2008	Individual Rehabilitation	15-41	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**
	2009	Group Rehabilitation	15-51	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**
	2010	Plan Development	15-31	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**
	2015	Crisis Intervention	15-70	YES / Use CPT 90839 for Crisis Therapy	YES / Use CPT 90839 for Crisis Therapy	YES	YES	YES	YES / Use CPT 90839 for Crisis Therapy	YES / Use CPT 90839 for Crisis Therapy	YES / Use CPT 90839 for Crisis Therapy	YES / Use CPT 90839 for Crisis Therapy	YES / Use CPT 90839 for Crisis Therapy	YES**	YES**
	2016	Targeted Case Management	15-01	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**
2018	Therapeutic Behavioral Service	15-58	YES	YES	YES	NO	NO	YES	YES	YES	YES	YES	YES**	YES**	
2041	Katie A - Intensive Care Coordination	15-07	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**	
2046	Katie A - Intensive Home Based Services	15-57	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES**	YES**	
CPT CODES	90791	Assessment / Initial Diagnostic Eval (No medical)	15-30	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO	
	90832	Psychotherapy, 30 min (face to face time)	15-40	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO	
	90834	Psychotherapy, 45 min (face to face time)	15-40	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO	
	90837	Psychotherapy, 60 min (face to face time)	15-40	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO	
	90839	Psychotherapy for crisis	15-70	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO	
	90846	Family psychotherapy (patient not present)	15-11	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO	
	90847	Family psychotherapy (patient present) (conjoint therapy)	15-11	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO	
	90849	Multiple-family group psychotherapy	15-50	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO	
	90853	Group Psychotherapy (other than multiple-family group)	15-50	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	NO	
	96101	Psychological Testing - Psychologist/Psychiatrist	15-30	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	
	96102	Psychological Testing - Technician	15-30	NO	YES**	NO	NO	NO	NO	YES**	YES**	YES**	YES**	YES**	
	96110	Developmental Testing; Limited	15-30	YES*	NO	NO	NO	NO	YES*	NO	NO	NO	NO	NO	
	96111	Developmental Testing; Extended	15-30	YES*	NO	NO	NO	NO	YES*	NO	NO	NO	NO	NO	
	96116	Neurobehavioral Status Exam	15-30	YES*	NO	NO	NO	NO	YES*	NO	NO	NO	NO	NO	
96118	Neuropsychological Testing - Psychologist/Psychiatrist	15-30	YES*	NO	NO	NO	NO	YES*	NO	NO	NO	NO	NO		
96119	Neuropsychological Testing - Technician	15-30	NO	YES**	NO	NO	NO	NO	YES**	YES**	YES**	YES**	YES**		

NOTES:

YES* indicates that service can be provided within the Physician/Psychologist scope of practice (Neuropsych Testing typically requires training in Neuropsychology)

YES** Indicates that services can only be provided under the supervision of appropriate Licensed / Registered staff - may require co-signature on notes

"Use CPT" - Licensed and Registered clinicians should always use a CPT Code if a CPT code most accurately describes the service provided