



Community Mental Health Services Procedure Codes and Modifier Combinations

PROCEDURE CODE	SERVICE DESCRIPTION	AGE LIMIT	PLACE OF SERVICE RESTRICTION(S)	MODIFIER(S)	QUANTITY LIMITS
90862	Pharmacological Management	21+	exclude 51, 09	REQUIRED*: HE, HQ, GT OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ	
		0-20	exclude 51, 09	REQUIRED*: HE, HQ, GT OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, UK, SC	none
H0031	Mental Health Assessment (non-physician)	21+	exclude 51 ,09	REQUIRED*: HE, GT OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ	none
		0-20	exclude 51,09	REQUIRED*: HE, GT OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, UK, SC	none
H0004	Counseling & Therapy (Ind & Grp)	21+	exclude 51, 09	REQUIRED*: HE, HQ, GT OPTIONAL*: 99, H9, HA, HB, HC, HD, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP,HR, HT, HU, HV, HW, HX, HY, HZ	none
		0-20	exclude 51, 09	REQUIRED*: HE, HQ, GT OPTIONAL*: H9, HA, HB, HC, HD, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, 99, UK, SC	none

PROCEDURE CODE	SERVICE DESCRIPTION	AGE LIMIT	PLACE OF SERVICE RESTRICTION(S)	MODIFIER(S)	QUANTITY LIMITS
90801	Psychiatric Diagnostic Interview (physician)	21+	exclude 51, 09	REQUIRED*: HE, GT OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ	none
		0-20	exclude 51, 09	REQUIRED*: HE, GT OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, UK, SC	none
S9484	Crisis Intervention	No age restriction	exclude 51, 09	REQUIRED*: HE OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, UK	none
S0201	Partial Hospitalization	21+	exclude 51, 09	REQUIRED*: HE OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ	For ages 21+: 1 unit per day
		0-20	exclude 51, 09	REQUIRED*: HE OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, TJ TJ billed with kids 0-20 - bypass annual benefit limit w/out the provider having to get a prior authorization	For ages 0-20: 2 units per day
H0036	Community Psychiatric Support Tx(Ind & Grp)	21+	exclude 51, 09	REQUIRED*: HE, GT, HQOPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, UK	none
		0-20	exclude 51, 09	REQUIRED*: HE, GT, HQ OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, UK, TJ TJ billed with kids 0-20 - bypass annual benefit limit w/out the provider having to get a prior authorization	none

PROCEDURE CODE	SERVICE DESCRIPTION	AGE LIMIT	PLACE OF SERVICE RESTRICTION(S)	MODIFIER(S)	QUANTITY LIMITS
		ages 0-20	exclude 09	REQUIRED*: HE, GT, HQ OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, UK, TJ TJ billed with kids 0-20 - bypass annual benefit limit w/out the provider having to get a prior authorization	none
		65+	exclude 09	REQUIRED*: HE, GT, HQ OPTIONAL*: 99, H9, HA, HB, HC, HD, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HY, HZ, UK	none

The position of the modifier is not taken into consideration when adjudicating a claim in MITS. MITS will use up to four modifiers; ignoring their position to determine the validity of a claim.

* The service line must include at one and only one of the **REQUIRED** modifiers.

** Any additional modifiers submitted must be listed as one of the **OPTIONAL** modifiers.

This is true for claims submitted via EDI (837) or claims submitted via the MITS web portal.