

*MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SERVICES  
EXTRACTED FROM THE PRIORITIZED LIST OF HEALTH SERVICES  
JANUARY 1, 2012*

- Line: 5**  
Condition: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 291.1,303.9,304,305.0,305.2-305.9  
CPT: 90804-90829,90846-90862,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99255,99366,99408,99409,99441-99444,99605-99607  
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,H0004-H0006,H0012,H0016,H0020,H0033-H0035,H0038,H0048,H2010,H2013,H2033,H2035,T1006,T1007,T1502
- Line: 6**  
Condition: TOBACCO DEPENDENCE (See Guideline Notes 1,4,64,65)  
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS  
ICD-9: 305.1  
CPT: 96150-96154,97810-97814,98966-98969,99078,99201-99215,99224,99366,99406,99407,99441-99444,99605-99607  
HCPCS: D1320,G0425-G0427,G0436,G0437,G8402,G8453,G9016,H0038,S0270-S0274,S9075,S9453
- Line: 9**  
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 296.23-296.24,296.3,298.0  
CPT: 90804-90829,90846-90862,90870,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 27**  
Condition: SCHIZOPHRENIC DISORDERS (See Guideline Notes 64,65,82)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 295.1-295.9,298.4,299.1,299.9  
CPT: 90804-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 32**  
Condition: BIPOLAR DISORDERS (See Guideline Notes 64,65,82)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 296.0-296.1,296.4-296.8,296.99,301.13  
CPT: 90804-90829,90846-90862,90870,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,S9537,T1005,T1016
- Line: 68**  
Condition: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 291.3-291.5,291.9,292.1-292.2,292.89-292.9,303.0  
CPT: 90804-90829,90846-90862,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99255,99366,99441-99444,99605-99607  
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0005,H0016,H0020,H0033-H0035,H0045,H0048,H2013,T1006,T1007
- Line: 107**  
Condition: BORDERLINE PERSONALITY DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 301.83  
CPT: 90804-90827,90846,90847,90853-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

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- Line: 133**  
Condition: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED (See Guideline Notes 20,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 314  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99251-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Line: 180**  
Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 25,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 309.81,995.52-995.54  
CPT: 90804-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 209**  
Condition: ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Coding Specification Below) (See Guideline Notes 1,6,64,65,86)  
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION  
ICD-9: 290,291.2,292.82-292.84,293.8,294,310.1-310.2,310.89  
CPT: 90804-90807,90816-90819,90823-90827,90846-90853,90862,90882,90887,96101,96118,97001-97004,97532,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Cognitive rehabilitation (CPT 97532) only appears on this line for pairing with ICD-9-CM codes 310.1-310.2.
- Line: 212**  
Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Notes 28,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 296.20-296.22,296.25-296.26,296.90,298.0,311  
CPT: 90804-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 222**  
Condition: PATHOLOGICAL GAMBLING (See Guideline Notes 64,65) (Note: This line is not priced as part of the list as funding comes from non-OHP sources)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 312.31  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Line: 269**  
Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 316  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S9484,T1005,T1016

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- Line: 295**  
Condition: OTHER PSYCHOTIC DISORDERS (See Guideline Notes 64,65,82)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 297.3,298.1-298.3,298.8-298.9,299.8  
CPT: 90804-90815,90821,90822,90828,90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 305**  
Condition: ANOREXIA NERVOSA (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 307.1  
CPT: 90804-90829,90846-90862,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 316**  
Condition: ACUTE STRESS DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 308  
CPT: 90804-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99224,99231-99255,99366,99441-99444,99605-99607  
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0023,H0032-H0038,H0045,H2010-H2013,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Line: 334**  
Condition: AUTISM SPECTRUM DISORDERS (See Guideline Notes 1,64,65,75)  
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION  
ICD-9: 299  
CPT: 90804-90807,90810-90813,90846-90849,90862,90882,90887,96101,96118,98966-98969,99051,99060,99201-99215,99224-99226,99241-99245,99366,99441-99444  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0023,H0032,H0034,H0038,H2010,H2011,H2014,H2027,H2032,S0270,S0272-S0274,S9484,T1016
- Line: 390**  
Condition: CONVERSION DISORDER, CHILD (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 300.11  
CPT: 90804-90815,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S9484,T1016
- Line: 398**  
Condition: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER (See Guideline Notes 64,65)  
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT  
ICD-9: 300.7,300.81-300.82,300.9,306,307.80,307.89  
CPT: 90804-90809,90816-90829,90846,90847,90853,90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0037,H0038,H2010,H2021-H2023,H2027,H2033,S0270-S0274,S9484,T1016
- Line: 412**  
Condition: BULIMIA NERVOSA (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 307.51,307.54  
CPT: 90804-90829,90846-90862,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

*MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SERVICES  
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**Line: 417**  
Condition: SEPARATION ANXIETY DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 309.21  
CPT: 90804-90815,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,H2033,S0270-S0274,S9484,T1005,T1016

**Line: 419**  
Condition: PANIC DISORDER; AGORAPHOBIA (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 300.01,300.21-300.22  
CPT: 90804-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

**Line: 425**  
Condition: EATING DISORDER NOS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 307.50,307.54-307.59  
CPT: 90804-90829,90846-90862,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

**Line: 431**  
Condition: DISSOCIATIVE DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 300.12-300.15,300.6  
CPT: 90804-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

**Line: 437**  
Condition: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 295.0,301.22  
CPT: 90804-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

**Line: 445**  
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 42,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 312.9,313.81  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

**Line: 457**  
Condition: CHRONIC DEPRESSION (DYSTHYMIA) (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 300.4-300.5  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S9480,S9484,T1016

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SERVICES  
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**Line: 462**  
Condition: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION  
(See Guideline Notes 1,64,65)  
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION  
ICD-9: 307.3  
CPT: 90804-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,98966-98969,99051,  
99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0410,G0411,G0425-G0427,H0004,H0023,H0032,H0034-H0039,H2010-H2014,H2021-H2023,  
H2027,H2032,S0270-S0274,S9125,S9480,S9484,T1016

**Line: 469**  
Condition: ADJUSTMENT DISORDERS (See Coding Specification Below) (See Guideline Notes 45,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 309.0-309.1,309.23-309.4,309.82-309.9,V61.20,V62.82  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,  
99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,H0004,H0023,H0032-H0038,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,  
S0270-S0274,S5151,S9125,S9484,T1005,T1016

ICD-9-CM codes V61.20, Counseling for Parent-Child Problem, Unspecified, and V62.82, Bereavement,  
Uncomplicated, are only included in this line when identified as secondary diagnoses with a primary diagnosis of  
309.89, Other Specified Adjustment Reactions.

**Line: 471**  
Condition: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Notes 1,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 307.2  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,96150-96154,98966-98969,99051,99060,99201-  
99215,99224,99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0034,H0036-H0038,H2010-H2014,H2021,  
H2022,H2027,H2032,S0270-S0274,S9484,T1016

**Line: 474**  
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 313.89  
CPT: 90804-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,  
99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0038,H0045,  
H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

**Line: 481**  
Condition: FACTITIOUS DISORDERS (See Guideline Notes 64,65)  
Treatment: CONSULTATION  
ICD-9: 300.16-300.19,301.51  
CPT: 90804-90807,90816-90819,90823-90827,90846,90847,90853,90862,90882,90887,96101,98966-98969,99051,  
99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0410,G0411,G0425-G0427,H0004,H0023,H0032-H0037,H2010,H2011,H2013,H2021,H2022,H2033,S0270-  
S0274,S9484,T1016

**Line: 483**  
Condition: SIMPLE AND SOCIAL PHOBIAS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 300.23-300.29  
CPT: 90804-90815,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99245,  
99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021-H2023,H2027,H2032,  
H2033,S0270-S0274,S9484,T1016

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- Line: 487**  
Condition: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 300.3  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S9480,S9484,T1005,T1016
- Line: 488**  
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 300.00,300.02-300.09,307.46,313.0  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Line: 496**  
Condition: FUNCTIONAL ENCOPRESIS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 307.7  
CPT: 90804-90807,90810-90813,90816-90819,90823-90827,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016
- Line: 500**  
Condition: SELECTIVE MUTISM (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 313.23  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S0270-S0274,S9484,T1016
- Line: 508**  
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 312.0-312.2,312.4-312.8  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 518**  
Condition: CONVERSION DISORDER, ADULT (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 300.10-300.11  
CPT: 90804-90815,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0039,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S0270-S0274,S9484,T1016
- Line: 521**  
Condition: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 302.0-302.4,302.50,302.6,302.85,302.9  
CPT: 90804-90815,90846-90857,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032,H0034,H0035,H2010,H2011,H2014,H2027,H2032,H2033,S0270-S0274,S9484,T1016

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**Line: 544**  
Condition: DELUSIONAL DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 297.0-297.2,297.8-297.9  
CPT: 90804-90829,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99255,99304-99318,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

**Line: 546**  
Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,65)  
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT  
ICD-9: 302.7,607.84  
CPT: 54400-54417,90804-90807,90810-90813,90846-90862,90882,90887,93980,93981,98966-98969,99051,99060,99070,99078,99201-99360,99366,99374,99375,99379-99444,99468-99480,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0035,H0038,H2011,H2014,H2027,H2032,S0270-S0274,S9484,T1016

**Line: 569**  
Condition: IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING (See Guideline Notes 58,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 312.32-312.39  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

**Line: 576**  
Condition: SHYNESS DISORDER OF CHILDHOOD OR ADOLESCENCE (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 313.21-313.22  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S0270-S0274,S9484,T1016

**Line: 588**  
Condition: RUMINATION DISORDER OF INFANCY (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 307.53  
CPT: 90846,90849,90887,99051,99060,99217-99239,99251-99255  
HCPCS: G0406-G0408,G0410,G0411,H0023,H0035,H0038,H2011,H2027,S9125,S9484

**Line: 608**  
Condition: ANTI-SOCIAL PERSONALITY DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 301.7  
CPT: 90804-90807,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032,H0034,H2010,H2011,H2014,H2027,H2032,S0270-S0274,S9484,T1016

**Line: 609**  
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 301.0,301.10-301.12,301.20-301.21,301.3-301.4,301.50,301.59-301.6,301.81-301.82,301.84-301.9  
CPT: 90804-90807,90810-90813,90846-90862,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99241-99245,99366,99441-99444,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9484,T1005,T1016

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**Line: 660**  
Condition: PICA (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 307.52  
CPT: 90804-90807,90810-90813,90846-90857,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,  
99241-99255,99366,99441-99444,99605-99607  
HCPCS: G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032,H0034,H0035,H2010,S0270-S0274,T1016

**Line: 681**  
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT  
NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 313.1,313.3,313.82-313.83  
CPT: 98966-98969,99201-99215,99224,99366,99441-99444,99605-99607  
HCPCS: G0425-G0427,S0270-S0274

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**STATEMENT OF INTENT 3: INTEGRATED CARE**

Recognizing that many individuals with mental health disorders receive care predominantly from mental health care providers, and recognizing that integrating mental and physical health services for such individuals promotes patient-centered care, the Health Services Commission endorses the incorporation of chronic disease health management support within mental health service systems. Although such supports are not part of the mental health benefit package, mental health organizations (MHOs) that elect to provide these services may report them using psychiatric rehabilitation codes which pair with mental health diagnoses. If MHOs choose to provide tobacco cessation supports, they should report these services using 99407 for individual counseling and S9453 for classes.

**GUIDELINE NOTE 1, HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION**

*Lines 1,6,8,10-18,20-22,25,26,28,29,33-37,39-42,46,47,50,52,53,55,57,62,64,66,67,69,71,74,76,79,80,82,84,85,87,92,94,96,98,100-103,105,108-111,113,115,119,122-124,128,134,135,137,138,140,141,144,146,147,149-151,158,159,164-169,173,179,181-183,185,190,191,193,195-197,199,201,202,205,207-210,218,220,221,224,227-229,233,235-238,244,246,249,250,252-256,265-268,271-279,285,287,288,290,292,293,302,304,306,310-314,320,326,331,333,334,338-342,352,354,356,357,360,366,370,371,376,377,387,394,400,407,410,421-423,426,432,434,435,439,442,444,446,447,459,462,466,470-472,478,489,491,506*

Health and behavior assessment and interventions (CPT codes 96150-96154) are included on these lines when provided subject to the Centers for Medicare and Medicaid (CMS) guidelines dated 2/1/06 located at:

[http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd\\_id=13492&lcd\\_version=48&basket=lcd%3A13492%3A48%3AHEALTH+AND+BEHAVIOR+ASSESSMENT%2FINTERVENTION%3ACarrier%3ANHIC%7C%7C+Corp%2E+%2831142%29%3A](http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=13492&lcd_version=48&basket=lcd%3A13492%3A48%3AHEALTH+AND+BEHAVIOR+ASSESSMENT%2FINTERVENTION%3ACarrier%3ANHIC%7C%7C+Corp%2E+%2831142%29%3A)

In addition, Managed Care Organizations may authorize employees of organizations holding certificates or letters of approval from DHS and a Medicaid vendor number to deliver these services (i.e., not delivering services as an independent practitioner).

**GUIDELINE NOTE 4, TOBACCO DEPENDENCE**

*Line 6*

Persons are eligible for tobacco dependence counseling if a documented quit date has been established.

**GUIDELINE NOTE 6, REHABILITATIVE THERAPIES**

*Lines 12,50-52,64,74-76,78,80,85,89,90,94,95,98-101,108,109,115,116,122,129,139,141-143,145,146,158,161,167,179,184,185,189,190,192,194,195,201,202,208,209,216,226,237,239,270,271,273,274,279,288,289,293,297,302,304,307-309,318,336,342,349,350,363,367,369,375,376,378,382,384,385,387,400,406,407,434,441,443,448,455,467,478,489,507,516,549,562,580,597,619,638*

Physical, occupational and speech therapy, cognitive rehabilitation (only for acquired brain injury) and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical necessity, for up to 3 months immediately following stabilization from an acute event.

Following the 3 month stabilization after an acute event, or, in the absence of an acute event, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

And the following number of speech therapy visits are allowed per year, depending on medical necessity (with the exception of swallowing disorders, for which limits do not apply):

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

Whenever there is a change in status, such as surgery, botox injection, rapid growth, an acute exacerbation or for evaluation/training for an assistive communication device, or a major change of functionality such as in recovery from acquired brain injury, regardless of age, the following additional visits are allowed:

- 6 visits of speech therapy and/or
- 6 visits of physical or occupational therapy

No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital or an inpatient rehabilitation unit. Cognitive rehabilitation is not covered for those in a vegetative state.

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If the admission/encounter is for rehabilitation, a V code from V57.1-V57.3,V57.8 should be listed as the principle/first diagnosis. The underlying diagnosis for which rehab is needed should be listed as an additional diagnosis and this diagnosis must appear in the funded region of the Prioritized List for the admission/encounter to be covered.

**GUIDELINE NOTE 20, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN CHILDREN AGE FIVE AND UNDER**

*Line 133*

When using 314.9, Unspecified Hyperkinetic Syndrome, in children age 5 and under, it is appropriate only when the following apply:

- Child does not meet the full criteria for the full diagnosis because of their age.
- For children age 3 and under, when the child exhibits functional impairment due to hyperactivity that is clearly in excess of the normal activity range for age (confirmed by the evaluating clinician's observation, not only the parent/caregiver report), and when the child is very limited in his/her ability to have the sustained periods of calm, focused activity which would be expected for the child's age.

For children age 3 and under, it is especially important that psychosocial interventions, including parent skills training and/or parent-child therapy, and environmental modifications, be tried prior to medication. For children over the age of 3, psychosocial interventions are important, whether the child is on medications or not.

Use of 314.9 for children age five and younger is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Group therapy: 90853, 90857, H2032
- Medication management: 90862
- Case Management: 90882, T1016
- Interpreter Service: T1013

**GUIDELINE NOTE 25, MENTAL HEALTH PROBLEMS IN CHILDREN AGE FIVE AND UNDER RELATED TO NEGLECT OR ABUSE**

*Line 180*

995.52, Child Neglect (Nutritional), 995.53, Child Sexual Abuse, and 995.54, Child Physical Abuse, may be used in any children when there is evidence or suspicion of abuse or neglect. These codes are to be used when the focus of treatment is on the alleged child victim. This can include findings by child welfare of abuse or neglect; or statements of abuse or neglect by the child, the perpetrator, or a caregiver or collateral report. Although these diagnoses can be used preventively, i.e. for children who are not yet showing symptoms, presence of symptoms should be demonstrated for interventions beyond evaluation or a short-term child or family intervention.

The codes 995.52-995.54 may be used in children age five and younger and, in these instances only, is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual counseling and therapy: 90810, 90812
- Group therapy: 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

**GUIDELINE NOTE 28, MOOD DISORDERS IN CHILDREN AGE EIGHTEEN AND UNDER**

*Line 212*

The use of 296.90, Unspecified Episodic Mood Disorder, is appropriate only when the following apply:

For children 18 years old and under.

In the presence of significant difficulty with emotional regulation that causes functional impairment.

Use of 296.90 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90804, 90806, 90810, 90812, H0004
- Group therapy: 90853, 90857, H2032
- Medication management: 90862
- Case Management: 90882, T1016
- Interpreter Service: T1013

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**GUIDELINE NOTE 42, DISRUPTIVE BEHAVIOR DISORDERS IN CHILDREN AGE FIVE AND UNDER**

*Line 445*

The use of 312.9, Unspecified Disturbance of Conduct, is appropriate only for children five years old and under who display sustained patterns of disruptive behavior beyond what is developmentally appropriate.

- Interventions should prioritize parent skills training in effective behavior management strategies or focus on other relational issues.

Use of 312.9 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
- Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90810, 90812, H0004
- Group therapy: 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management, 90862, is not indicated for these conditions in children age 5 and under.

**GUIDELINE NOTE 45, ADJUSTMENT REACTIONS IN CHILDREN AGE FIVE AND UNDER**

*Line 469*

ICD-9-CM code 309.89 can be used for individuals of any age. However, when using it for children five years of age or younger, who have experienced abuse or neglect, the following must apply:

- A) The child must demonstrate some symptoms of PTSD (such as disruption of his or her usual sleeping or eating patterns, or more increased irritability/lower frustration tolerance) but does not meet the full criteria for PTSD or any other disorder.
- B) 309.89 is limited to pairings with the following procedure codes:
  - Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023
  - Group Therapy: 90853, 90857, H2032
  - Family Interventions and Supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
  - Case Management: 90882, T1016
  - Interpreter Service: T1013
  - Individual Counseling and Therapy: 90810, 90812
  - Medication Management, 90862, is not indicated for this condition in children five years of age or younger.

Note: Cessation of the traumatic exposure must be the first priority. Infants and toddlers may benefit from parental guidance regarding management of the child's symptoms, parental guidance around enhancing safety and stability in the child's environment, and therapeutic support for the parents.

Two V-codes, V61.20 (Counseling for Parent-Child Problem, Unspecified) and V62.82 (Bereavement, Uncomplicated), may only be used as secondary diagnoses to the primary diagnosis of 309.89, and only for children five years of age or younger.

- A) When using V61.20, the following must apply:
  - 1) Service provision will have a clinically significant impact on the child.
  - 2) A rating of 40 or lower has been assessed on the PIR-GAS (Parent-Infant Relationship Global Assessment Scale).
  - 3) The same limitations in pairings to CPT and HCPCS codes as given for ICD-9-CM code 309.89 apply, with the only exception being that 90810 and 90812 cannot be used.
- B) When using V62.82, the following must apply:
  - 1) The child exhibits a change in functioning subsequent to the loss of a primary caregiver;
  - 2) The child exhibits at least three of the following eight symptoms:
    - a) Crying, calling and/or searching for the absent primary caregiver,
    - b) Refusing attempts of others to provide comfort,
    - c) Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria,
    - d) Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood,
    - e) Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions,
    - f) Constricted range of affect not attributable to a mood disorder or PTSD,
    - g) Detachment, seeming indifference toward, or selective "forgetting" of the lost caregiver and/or of reminders of the lost caregiver,
    - h) Acute distress or extreme sensitivity in response to any reminder of the caregiver or to any change in a possession, activity, or place related to the lost caregiver;
  - 3) The symptoms in B(2) above are exhibited for most of the day and for more days than not, for at least 2 weeks.
  - 4) The same limitations in pairings to CPT and HCPCS codes as given for ICD-9-CM code 309.89 apply.

Note: Intervention should include persons significantly involved in the child's care and include psychoeducation and developmentally-specific guidance.

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**GUIDELINE NOTE 54, CONDUCT DISORDER**

*Line 508*

Conduct disorder rarely occurs in isolation from other psychiatric diagnosis, the patient should have documented screening for attention deficit disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

**GUIDELINE NOTE 58, IMPULSE DISORDERS**

*Line 569*

Impulse disorders rarely occur in isolation from other psychiatric diagnosis, thus the Patient should have documented screening for attention deficit disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

**GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT**

*Included on all lines with evaluation & management (E&M) codes*

Pharmacy medication management services must be provided by a pharmacist who has:

1. A current and unrestricted license to practice as a pharmacist in Oregon.
2. Services must be provided based on referral from a physician or licensed provider or health plan.
3. Documentation must be provided for each consultation and must reflect collaboration with the physician or licensed provider. Documentation should model SOAP charting; must include patient history, provider assessment and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; and must be retained in the patient's medical record and be retrievable.

**GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS**

*Included on all lines with evaluation & management (E&M) codes*

Telephone and email consultations must meet the following criteria:

1. Patient must have a pre-existing relationship with the provider as demonstrated by at least one prior office visit within the past 12 months.
2. E-visits must be provided by a physician or licensed provider within their scope of practice.
3. Documentation should model SOAP charting; must include patient history, provider assessment, and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; must be retained in the patient's medical record and be retrievable.
4. Telephone and email consultations must involve permanent storage (electronic or hard copy) of the encounter.
5. Telephone and email consultations must meet HIPAA standards for privacy.
6. There needs to be a patient-clinician agreement of informed consent for E-visits by email. This should be discussed with and signed by the patient and documented in the medical record.

Examples of reimbursable telephone and email consultations include but are not limited to:

1. Extended counseling when person-to-person contact would involve an unwise delay.
2. Treatment of relapses that require significant investment of provider time and judgment.
3. Counseling and education for patients with complex chronic conditions.

Examples of non-reimbursable telephone and email consultations include but are not limited to:

1. Prescription renewal.
2. Scheduling a test.
3. Scheduling an appointment.
4. Reporting normal test results.
5. Requesting a referral.
6. Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.
7. Brief discussion to confirm stability of chronic problem and continuity of present management.

**GUIDELINE NOTE 75, AUTISM SPECTRUM DISORDERS**

*Line 334*

There is limited evidence of the effectiveness of treatment (e.g., Applied Behavioral Analysis) for Autism Spectrum Disorders (ASD). However, effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions, that condition, not an ASD diagnosis, should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of

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neurologic dysfunctions that may be seen in individuals with an ASD diagnosis are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 77, 317, 372 and 404). Treatment for associated behaviors, such as agitation, that do not meet the criteria for co-morbid mental health diagnoses should be limited in frequency to a maximum of 8 hours of behavioral health service per month, subject to utilization management review by the mental health organization (MHO) or other relevant payer.

**GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS**

*Lines 27,32,295*

These lines include "early intervention for psychosis," a multidisciplinary specialty team-based intervention that includes:

1. Psychiatric medication management
2. Individual counseling
3. Family group therapy
4. Family individual therapy

The goal of the early intervention is to minimize harms of a first outbreak of psychosis and improve long-term functioning.

**GUIDELINE NOTE 86, ORGANIC MENTAL DISORDERS**

*Line 209*

There is limited evidence of the effectiveness of mental health treatment of organic mental disorders. However, case management is can be critical. Effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions associated with organic mental disorder, those conditions should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with organic mental disorder are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 77, 317, 372 and 404)