

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Administration of Injection

AMH

96372

Published Proc Cd	96372
Proc Cd	96372
Proc Desc	Administration of an injection
Proc Short Desc	Inj
Unit Type	Hour/Event
Procedure Grid Cd	1103
Medicaid Billing Code	96372
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	U

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Administration of Injection

AMH

96372ET

Published Proc Cd	96372ET
Proc Cd	96372ET
Proc Desc	Administration of an injection, in response to a MH crisis
Proc Short Desc	Inj, crisis
Unit Type	Hour/Event
Procedure Grid Cd	1103
Medicaid Billing Code	96372
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/09
Eff Dt	1/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Administration of Injection

AMH

96372ETH9

Published Proc Cd	96372ETH9
Proc Cd	96372ETH9
Proc Desc	Administration of an injection, in response to a MH crisis, Outpatient Competency Restoration Program
Proc Short Desc	Inj, crisis, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1103
Medicaid Billing Code	96372
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/09
Eff Dt	1/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Administration of Injection

AMH

96372H9

Published Proc Cd	96372H9
Proc Cd	96372H9
Proc Desc	Administration of an injection, Outpatient Competency Restoration Program
Proc Short Desc	Inj, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1103
Medicaid Billing Code	96372
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Administration of Injection

CMH

96372ETHA

Published Proc Cd	96372ET
Proc Cd	96372ETHA
Proc Desc	Administration of an injection, in response to a MH crisis
Proc Short Desc	Inj, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2103
Medicaid Billing Code	96372
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Administration of Injection

CMH

96372HA

Published Proc Cd	96372
Proc Cd	96372HA
Proc Desc	Administration of an injection
Proc Short Desc	Inj, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2103
Medicaid Billing Code	96732
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Benefit Eligibility Determination

AMH

T1023

Published Proc Cd	T1023
Proc Cd	T1023
Proc Desc	Facilitating Benefit Eligibility Determination
Proc Short Desc	Benefit Eligibility
Unit Type	Hour/Event
Procedure Grid Cd	160
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	3/1/20
Eff Dt	3/1/20
End Dt	

APPT_TYPE_CD

Allowed Values *

ENC_TYPE_CD

Allowed Values *

LOC_A_CD

Allowed Values *

PROVIDER_TYPE_CD

Allowed Values *

RECIPIENT_CD

Allowed Values *

SERVER_TYPE_CD

Allowed Values *

SVC_LOCATION_CD

Allowed Values *

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Benefit Eligibility Determination

AMH

T1023H9

Published Proc Cd	T1023H9
Proc Cd	T1023H9
Proc Desc	Facilitating Benefit Eligibility Determination, Outpatient Competency Restoration Program
Proc Short Desc	Benefit Eligibility, OCR
Unit Type	Hour/Event
Procedure Grid Cd	160
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	7/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Benefit Eligibility Determination

AMH

T1023HE

Published Proc Cd	T1023HE
Proc Cd	T1023HE
Proc Desc	Facilitating Benefit Eligibility Determination, MH
Proc Short Desc	Benefit Eligibility, MH
Unit Type	Hour/Event
Procedure Grid Cd	160
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	7/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Benefit Eligibility Determination

CMH

T1023HAHE

Published Proc Cd	T1023HAHE
Proc Cd	T1023HAHE
Proc Desc	Facilitating Benefit Eligibility Determination
Proc Short Desc	Benefit Eligibility, CMH
Unit Type	Hour/Event
Procedure Grid Cd	260
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	7/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

BH Outreach

AMH

H0023

Published Proc Cd	H0023
Proc Cd	H0023
Proc Desc	Behavioral Health Outreach Service, planned approach to reach a targeted population
Proc Short Desc	BH Outreach
Unit Type	Hour/Event
Procedure Grid Cd	100
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Screening and Eligibility
Proc Last Modification Date	8/31/15
Eff Dt	8/31/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	D	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

BH Outreach

CMH

H0023HA

Published Proc Cd	H0023HA
Proc Cd	H0023HA
Proc Desc	Behavioral Health Outreach Service, planned approach to reach a targeted population
Proc Short Desc	BH Outreach
Unit Type	Hour/Event
Procedure Grid Cd	200
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Screening and Eligibility
Proc Last Modification Date	8/31/15
Eff Dt	8/31/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	D	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Children's Crisis Residential Treatment

CMH

H0018HA

Published Proc Cd	H0018HA
Proc Cd	H0018HA
Proc Desc	Children's Crisis Residential Treatment
Proc Short Desc	Crisis Residential, CMH
Unit Type	Bedday
Procedure Grid Cd	2606
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Residential, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Consumer Peer Support

AMH

H0038

Published Proc Cd	H0038
Proc Cd	H0038
Proc Desc	Activities provided between and among clients who have common issues and needs that are client-motivated, initiated, and/or managed and that allow a client to live as independently as possible.
Proc Short Desc	Peer Support
Unit Type	Hour/Event
Procedure Grid Cd	170
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1S	A2	A3	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Consumer Peer Support

AMH

H0038H9

Published Proc Cd	H0038H9
Proc Cd	H0038H9
Proc Desc	Activities provided between and among clients who have common issues and needs that are client-motivated, initiated, and/or managed and that allow a client to live as independently as possible. Court ordered
Proc Short Desc	Peer Support
Unit Type	Hour/Event
Procedure Grid Cd	170
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/24
Eff Dt	4/1/24
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	*

PROCEDURE_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	*

RECIPIENT_CD

Allowed Values	*

SERVER_TYPE_CD

Allowed Values	*

SERVICE_LOCATION_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Consumer Peer Support

AMH

H0038H9HQ

Published Proc Cd	H0038H9HQ
Proc Cd	H0038H9HQ
Proc Desc	Activities provided between and among clients who have common issues and needs that are client-motivated, initiated, and/or managed and that allow a client to live as independently as possible. Court ordered and group
Proc Short Desc	Grp Peer Support
Unit Type	Hour/Event
Procedure Grid Cd	170
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/24
Eff Dt	4/1/24
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	*

PROCEDURE_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	*

RECIPIENT_CD

Allowed Values	*

SERVER_TYPE_CD

Allowed Values	*

SERVICE_LOCATION_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Consumer Peer Support

AMH

H0038HQ

Published Proc Cd	H0038HQ
Proc Cd	H0038HQ
Proc Desc	Group activities provided between and among clients who have common issues and needs that are client-motivated, initiated, and/or managed and that allow a client to live as independently as possible.
Proc Short Desc	Grp Peer Support
Unit Type	Hour/Event
Procedure Grid Cd	170
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1S	A2	A3	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Consumer Peer Support

CMH

H0038HAHQ

Published Proc Cd	H0038HAHQ
Proc Cd	H0038HAHQ
Proc Desc	Group activities provided between and among clients who have common issues and needs that are client-motivated, initiated, and/or managed and that allow a client to live as independently as possible.CMH
Proc Short Desc	Grp Peer Support, CMH
Unit Type	Hour/Event
Procedure Grid Cd	270
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/25
Eff Dt	9/1/25
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C1.1	C1.2	C2	C2.1	C2.2	C2.3	C2.4	C3	C4	C5	CEO	CRTC	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Continuity of Services

AMH

H0032

Published Proc Cd	H0032
Proc Cd	H0032
Proc Desc	Continuity of Services as defined by the MH Services - Admission, Continuity, and Discharge rule, 25 TAC 412 D
Proc Short Desc	Cont of Svcs
Unit Type	Hour/Event
Procedure Grid Cd	170
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Continuity of Services

AMH

H0032H9

Published Proc Cd	H0032H9
Proc Cd	H0032H9
Proc Desc	Continuity of Services as defined by the MH Services - Admission, Continuity, and Discharge rule, 25 TAC 412 D, Outpatient Competency Restoration Program
Proc Short Desc	Cont of Svcs, OCR
Unit Type	Hour/Event
Procedure Grid Cd	170
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Continuity of Services

CMH

H0032HA

Published Proc Cd	H0032HA
Proc Cd	H0032HA
Proc Desc	Continuity of Services as defined by the MH Services - Admission, Continuity, and Discharge rule, 25 TAC 412 D
Proc Short Desc	Cont of Svcs, CMH
Unit Type	Hour/Event
Procedure Grid Cd	270
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Residential

AMH

H0018

Published Proc Cd	H0018
Proc Cd	H0018
Proc Desc	Short-term residential services provided to a client in psychiatric crisis
Proc Short Desc	Crisis Residential
Unit Type	Bedday
Procedure Grid Cd	1608
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Residential, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	OF	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Residential

AMH

H0018H9

Published Proc Cd	H0018H9
Proc Cd	H0018H9
Proc Desc	Short-term residential services provided to a client in psychiatric crisis, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Residential, OCR
Unit Type	Bedday
Procedure Grid Cd	1608
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Residential

AMH

H0019HH

Published Proc Cd	H0019HH
Proc Cd	H0019HH
Proc Desc	Dual Diagnosis Intensive Residential Treatment Program - Harris County Only
Proc Short Desc	Dual Dx IRTP, Harris
Unit Type	Bedday
Procedure Grid Cd	1608
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Crisis Residential

AMH

H0019U2

Published Proc Cd	H0019U2
Proc Cd	H0019U2
Proc Desc	Critical Time Intervention Program - Harris County Only
Proc Short Desc	Critical Time Interv, Harris
Unit Type	Bedday
Procedure Grid Cd	1608
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

A0160

Published Proc Cd	A0160
Proc Cd	A0160
Proc Desc	Crisis Transportation
Proc Short Desc	Crisis Transport
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Other, or B.2.3 - Other
Proc Last Modification Date	2/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

A0160H9

Published Proc Cd	A0160H9
Proc Cd	A0160H9
Proc Desc	Crisis Transportation, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Transport, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Other
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Crisis Services

AMH

A0160H9U1

Published Proc Cd	A0160H9U1
Proc Cd	A0160H9U1
Proc Desc	Crisis Transportation - Dollars Provided, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Transport, Fund, OCR
Unit Type	Dollars
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Other
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

AMH

A0160H9U4

Published Proc Cd	A0160H9U4
Proc Cd	A0160H9U4
Proc Desc	Crisis Transportation, Outpatient Competency Restoration Program, second staff
Proc Short Desc	Crisis Transport, second staff, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Other
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Crisis Services

AMH

A0160U1

Published Proc Cd	A0160U1
Proc Cd	A0160U1
Proc Desc	Crisis Transportation - Dollars Provided
Proc Short Desc	Crisis Transport, Fund
Unit Type	Dollars
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Other, or B.2.3 - Other
Proc Last Modification Date	2/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

A0160U4

Published Proc Cd	A0160U4
Proc Cd	A0160U4
Proc Desc	Crisis Transportation, second staff
Proc Short Desc	Crisis Transport, second staff
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Other, or B.2.3 - Other
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

AMH

H0030

Published Proc Cd	H0030
Proc Cd	H0030
Proc Desc	Hotline 24/7 response to calls for assistance in a crisis related to substance use disorders or MH disorders. Caller may or may not be a client and may choose to remain anonymous.
Proc Short Desc	Crisis Hotline
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	D	E	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	OF	SC	SF	SH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

AMH

H0030CE

Published Proc Cd	H0030CE
Proc Cd	H0030CE
Proc Desc	Hotline 24/7 response to calls for assistance in a crisis related to substance use disorders or MH disorders. Caller may or may not be a client and may choose to remain anonymous. Crisis Emergent
Proc Short Desc	Crisis Hotline Emergent
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility -Crisis Emergent
Proc Last Modification Date	5/1/24
Eff Dt	5/1/24
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	D	E	F	T	U

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	L	N	R

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

AMH

H0030CU

Published Proc Cd	H0030CU
Proc Cd	H0030CU
Proc Desc	Hotline 24/7 response to calls for assistance in a crisis related to substance use disorders or MH disorders. Caller may or may not be a client and may choose to remain anonymous. Crisis Urgent .
Proc Short Desc	Crisis Hotline Urgent
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility -Crisis Urgent
Proc Last Modification Date	5/1/24
Eff Dt	5/1/24
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	D	E	F	T	U

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	L	N	R

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H0030GJ

Published Proc Cd	H0030GJ
Proc Cd	H0030GJ
Proc Desc	Hotline 24/7 response to calls for assistance, not in a crisis related to substance use disorders or MH disorders. Caller may or may not be a client and may choose to remain anonymous. Crisis false alarm.
Proc Short Desc	Hotline, false alarm
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Crisis Services

AMH

H0036

Published Proc Cd	H0036
Proc Cd	H0036
Proc Desc	Crisis Follow-Up and Relapse Prevention
Proc Short Desc	Crisis Follow-Up
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	D	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7	L

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

AMH

H0036H9

Published Proc Cd	H0036H9
Proc Cd	H0036H9
Proc Desc	Crisis Follow-Up and Relapse Prevention, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Follow-Up, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Crisis Services

AMH

H0036H9U4

Published Proc Cd	H0036H9U4
Proc Cd	H0036H9U4
Proc Desc	Crisis Follow-Up and Relapse Prevention, second staff, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Follow-Up, second staff, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Crisis Services

AMH

H0036U4

Published Proc Cd	H0036U4
Proc Cd	H0036U4
Proc Desc	Crisis Follow-Up and Relapse Prevention, second staff
Proc Short Desc	Crisis Follow-Up, second staff
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H0046

Published Proc Cd	H0046
Proc Cd	H0046
Proc Desc	Safety Monitoring, in response to a MH crisis
Proc Short Desc	Crisis Monitoring
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	L

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Crisis Services

AMH

H0046H9

Published Proc Cd	H0046H9
Proc Cd	H0046H9
Proc Desc	Safety Monitoring, in response to a MH crisis, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Monitoring, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H0046H9U4

Published Proc Cd	H0046H9U4
Proc Cd	H0046H9U4
Proc Desc	Safety Monitoring, in response to a MH crisis, second staff, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Monitoring, second staff, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H0046U4

Published Proc Cd	H0046U4
Proc Cd	H0046U4
Proc Desc	Safety Monitoring, in response to a MH crisis, second staff
Proc Short Desc	Crisis Monitoring, second staff
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011

Published Proc Cd	H2011
Proc Cd	H2011
Proc Desc	Crisis Intervention Services (Rehab)
Proc Short Desc	Crisis Interven, Rehab
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	H2011
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7	L

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011GJ

Published Proc Cd	H2011GJ
Proc Cd	H2011GJ
Proc Desc	Crisis Intervention Services, crisis false alarm
Proc Short Desc	Crisis Interven, false alarm
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011GJH9

Published Proc Cd	H2011GJH9
Proc Cd	H2011GJH9
Proc Desc	Crisis Intervention Services, crisis false alarm, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Interven, false alarm, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

AMH

H2011GJH9U4

Published Proc Cd	H2011GJH9U4
Proc Cd	H2011GJH9U4
Proc Desc	Crisis Intervention Services, crisis false alarm, second staff, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Interven, false alarm, second staff, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011GJU4

Published Proc Cd	H2011GJU4
Proc Cd	H2011GJU4
Proc Desc	Crisis Intervention Services, crisis false alarm, second staff
Proc Short Desc	Crisis Interven, false alarm, second staff
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011H9

Published Proc Cd	H2011H9
Proc Cd	H2011H9
Proc Desc	Crisis Intervention Services (Rehab), Outpatient Competency Restoration Program
Proc Short Desc	Crisis Interven, Rehab, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	H2011
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011H9HQ

Published Proc Cd	H2011H9HQ
Proc Cd	H2011H9HQ
Proc Desc	Crisis Intervention Services (Rehab), Outpatient Competency Restoration Program, Group
Proc Short Desc	Grp Crisis Interven, Rehab, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	10/1/12
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CH	CI	CS

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011H9HZ

Published Proc Cd	H2011H9HZ
Proc Cd	H2011H9HZ
Proc Desc	Crisis Intervention Services (Rehab), Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Crisis Interven, Rehab, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	H2011
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011H9U4

Published Proc Cd	H2011H9U4
Proc Cd	H2011H9U4
Proc Desc	Crisis Intervention Services, second staff, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Interven, second staff, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

AMH

H2011HQ

Published Proc Cd	H2011HQ
Proc Cd	H2011HQ
Proc Desc	Crisis Intervention Services (Rehab), Group
Proc Short Desc	Grp Crisis Interven, Rehab
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	10/1/12
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CH	CI	CS	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011HZ

Published Proc Cd	H2011HZ
Proc Cd	H2011HZ
Proc Desc	Crisis Intervention Services (Rehab), TCOOMMI funded
Proc Short Desc	Crisis Interven, Rehab, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	H2011
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2011U4

Published Proc Cd	H2011U4
Proc Cd	H2011U4
Proc Desc	Crisis Intervention Services, second staff
Proc Short Desc	Crisis Interven, second staff
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2016ET

Published Proc Cd	H2016ET
Proc Cd	H2016ET
Proc Desc	Crisis Flexible Benefits - Time
Proc Short Desc	Crisis Flex, Time
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2016ETH9

Published Proc Cd	H2016ETH9
Proc Cd	H2016ETH9
Proc Desc	Crisis Flexible Benefits - Time, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Flex, Time, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Crisis Services

AMH

H2016ETH9U1

Published Proc Cd	H2016ETH9U1
Proc Cd	H2016ETH9U1
Proc Desc	Crisis Flexible Benefits - Dollars Provided, Outpatient Competency Restoration Program
Proc Short Desc	Crisis Flex, Fund, OCR
Unit Type	Dollars
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Other
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

AMH

H2016ETU1

Published Proc Cd	H2016ETU1
Proc Cd	H2016ETU1
Proc Desc	Crisis Flexible Benefits - Dollars Provided
Proc Short Desc	Crisis Flex, Fund
Unit Type	Dollars
Procedure Grid Cd	1505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Other, or B.2.3 - Other
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

A0160HA

Published Proc Cd	A0160HA
Proc Cd	A0160HA
Proc Desc	Crisis Transportation
Proc Short Desc	Crisis Transport, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Other, or B.2.3 - Other
Proc Last Modification Date	2/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

A0160HAU1

Published Proc Cd	A0160HAU1
Proc Cd	A0160HAU1
Proc Desc	Crisis Transportation - Dollars Provided
Proc Short Desc	Crisis Transport, Fund, CMH
Unit Type	Dollars
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Other, or B.2.3 - Other
Proc Last Modification Date	2/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

A0160HAU4

Published Proc Cd	A0160HAU4
Proc Cd	A0160HAU4
Proc Desc	Crisis Transportation, second staff
Proc Short Desc	Crisis Transport, second staff, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Other, or B.2.3 - Other
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

CMH

H0030CEHA

Published Proc Cd	H0030CEHA
Proc Cd	H0030CEHA
Proc Desc	Hotline 24/7 response to calls for assistance in a crisis that is related to substance use disorders or MH disorders. Caller may or may not be a client and may choose to remain anonymous Crisis Emergent
Proc Short Desc	Crisis Hotline, Emergent CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility - Crisis Emergent
Proc Last Modification Date	5/1/24
Eff Dt	5/1/24
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	D	E	F	T	U

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	L	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

CMH

H0030CUHA

Published Proc Cd	H0030CUHA
Proc Cd	H0030CUHA
Proc Desc	Hotline 24/7 response to calls for assistance in a crisis that is related to substance use disorders or MH disorders. Caller may or may not be a client and may choose to remain anonymous Crisis Urgent.
Proc Short Desc	Crisis Hotline, Urgent CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility - Crisis Urgent
Proc Last Modification Date	5/1/24
Eff Dt	5/1/24
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	D	E	F	T	U

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	L	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

CMH

H0030GJHA

Published Proc Cd	H0030GJHA
Proc Cd	H0030GJHA
Proc Desc	Hotline 24/7 response to calls for assistance, not in a crisis that is related to substance use disorders or MH disorders. Caller may or may not be a client and may choose to remain anonymous. Crisis false alarm
Proc Short Desc	Hotline, false alarm, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	OF	SC

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

CMH

H0030HA

Published Proc Cd	H0030HA
Proc Cd	H0030HA
Proc Desc	Hotline 24/7 response to calls for assistance in a crisis that is related to substance use disorders or MH disorders. Caller may or may not be a client and may choose to remain anonymous
Proc Short Desc	Crisis Hotline, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	D	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Crisis Services

CMH

H0036HA

Published Proc Cd	H0036HA
Proc Cd	H0036HA
Proc Desc	Crisis Follow-Up and Relapse Prevention
Proc Short Desc	Crisis Follow-Up, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	D	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	L

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

CMH

H0036HAU4

Published Proc Cd	H0036HAU4
Proc Cd	H0036HAU4
Proc Desc	Crisis Follow-Up and Relapse Prevention, second staff
Proc Short Desc	Crisis Follow-Up, second staff, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	L

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Crisis Services

CMH

H0046HA

Published Proc Cd	H0046HA
Proc Cd	H0046HA
Proc Desc	Safety Monitoring, in response to a MH crisis
Proc Short Desc	Crisis Monitoring, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	L

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Services

CMH

H0046HAU4

Published Proc Cd	H0046HAU4
Proc Cd	H0046HAU4
Proc Desc	Safety Monitoring, in response to a MH crisis, second staff
Proc Short Desc	Crisis Monitoring, second staff, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	L

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

H2011GJHA

Published Proc Cd	H2011GJHA
Proc Cd	H2011GJHA
Proc Desc	Crisis Intervention Services, crisis false alarm
Proc Short Desc	Crisis Interven, false alarm, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

H2011GJHAU4

Published Proc Cd	H2011GJHAU4
Proc Cd	H2011GJHAU4
Proc Desc	Crisis Intervention Services, crisis false alarm, second staff
Proc Short Desc	Crisis Interven, false alarm, second staff, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

H2011HA

Published Proc Cd	H2011HA
Proc Cd	H2011HA
Proc Desc	Crisis Intervention Services (Rehab)
Proc Short Desc	Crisis Interven, Rehab, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	H2011HA
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	L	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

H2011HAHZ

Published Proc Cd	H2011HAHZ
Proc Cd	H2011HAHZ
Proc Desc	Crisis Intervention Services (Rehab), TCOOMMI funded
Proc Short Desc	Crisis Interven, Rehab, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	H2011HAHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	L

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

H2011HAU4

Published Proc Cd	H2011HAU4
Proc Cd	H2011HAU4
Proc Desc	Crisis Intervention Services, second staff
Proc Short Desc	Crisis Interven, second staff, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	10/1/12
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	L

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

H2016ETHA

Published Proc Cd	H2016ETHA
Proc Cd	H2016ETHA
Proc Desc	Crisis Flexible Benefits - Time
Proc Short Desc	Crisis Flex, Time, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Crisis Services

CMH

H2016ETHAU1

Published Proc Cd	H2016ETHAU1
Proc Cd	H2016ETHAU1
Proc Desc	Crisis Flexible Benefits - Dollars Provided
Proc Short Desc	Crisis Flex, Fund, CMH
Unit Type	Dollars
Procedure Grid Cd	2505
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Other, or B.2.3 - Other
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Stabilization Unit

AMH

H0017

Published Proc Cd	H0017
Proc Cd	H0017
Proc Desc	Crisis Stabilization Units (CSU), Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code (relating to Standards of Care and Treatment in CSU).
Proc Short Desc	CSU
Unit Type	Bedday
Procedure Grid Cd	1607
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Residential, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Stabilization Unit

AMH

H0017H9

Published Proc Cd	H0017H9
Proc Cd	H0017H9
Proc Desc	Crisis Stabilization Units (CSU), Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code (relating to Standards of Care and Treatment in CSU), Outpatient Competency Restoration Program
Proc Short Desc	CSU, OCR
Unit Type	Bedday
Procedure Grid Cd	1607
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Crisis Stabilization Unit

CMH

H0017HA

Published Proc Cd	H0017HA
Proc Cd	H0017HA
Proc Desc	Crisis Stabilization Units (CSU), Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code (relating to Standards of Care and Treatment in CSU).
Proc Short Desc	CSU, CMH
Unit Type	Bedday
Procedure Grid Cd	2607
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Residential, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Day Program for Acute Needs

AMH

H2012

Published Proc Cd	H2012
Proc Cd	H2012
Proc Desc	Day Program for Acute Needs - Adult, Behavioral Health Day Treatment
Proc Short Desc	Day Program for Acute Needs - Adult
Unit Type	Hour/Event
Procedure Grid Cd	1401
Medicaid Billing Code	H2012
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	6

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	OF	SF	SR

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Day Program for Acute Needs

AMH

H2012H9

Published Proc Cd	H2012H9
Proc Cd	H2012H9
Proc Desc	Day Program for Acute Needs - Adult, Behavioral Health Day Treatment, Outpatient Competency Restoration Program
Proc Short Desc	Day Program for Acute Needs - Adult
Unit Type	Hour/Event
Procedure Grid Cd	1401
Medicaid Billing Code	H2012
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Day Program for Acute Needs

AMH

H2012H9HZ

Published Proc Cd	H2012H9HZ
Proc Cd	H2012H9HZ
Proc Desc	Day Program for Acute Needs - Adult, Behavioral Health Day Treatment, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Day Program for Acute Needs - Adult
Unit Type	Hour/Event
Procedure Grid Cd	1401
Medicaid Billing Code	H2012HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Day Program for Acute Needs

AMH

H2012HZ

Published Proc Cd	H2012HZ
Proc Cd	H2012HZ
Proc Desc	Day Program for Acute Needs - Adult, Behavioral Health Day Treatment, TCOOMMI funded
Proc Short Desc	Day Program for Acute Needs - Adult
Unit Type	Hour/Event
Procedure Grid Cd	1401
Medicaid Billing Code	H2012HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S

SVC_LOCATION_CD

Allowed Values	CI	CS	OF	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Discharge

AMH

M1013

Published Proc Cd	M1013
Proc Cd	M1013
Proc Desc	Discharge/discontinuation of the episode of care documented in the medical record
Proc Short Desc	Dc eoc doc med rec
Unit Type	Hour/Event
Procedure Grid Cd	101
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	N/A
Proc Last Modification Date	9/1/25
Eff Dt	9/1/25
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J	U

ENC_TYPE_CD

Allowed Values	D

LOC_A_CD

Allowed Values	A0	A1	A1M	A1S	A2	A3	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP	NA

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7	IP	L	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	M	N	R

SVC_LOCATION_CD

Allowed Values	CH	CI	CS	GH	HM	JA	NF	OF	SC	SF	SH	SR

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Discharge

CMH

M1013HA

Published Proc Cd	M1013HA
Proc Cd	M1013HA
Proc Desc	Discharge/discontinuation of the episode of care documented in the medical record
Proc Short Desc	Dc eoc doc med rec
Unit Type	Hour/Event
Procedure Grid Cd	201
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	N/A
Proc Last Modification Date	9/1/25
Eff Dt	9/1/25
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J	U

ENC_TYPE_CD

Allowed Values	D

LOC_A_CD

Allowed Values	C0	C1	C1.1	C1.2	C2	C2.1	C2.2	C2.3	C2.4	C3	C4	C5	CEO	CRTC	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP	NA

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7	IP	L	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	M	N	R

SVC_LOCATION_CD

Allowed Values	CH	CI	CS	GH	HM	JA	NF	OF	SC	SF	SH	SR

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Emergency Room Services (Psychiatric)

AMH

99281

Published Proc Cd	99281
Proc Cd	99281
Proc Desc	Emergency department visit
Proc Short Desc	ER
Unit Type	Hour/Event
Procedure Grid Cd	1702
Medicaid Billing Code	99281
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Emergency Room Services (Psychiatric)

AMH

99282

Published Proc Cd	99282
Proc Cd	99282
Proc Desc	Emergency department visit - low complexity
Proc Short Desc	ER, low complex
Unit Type	Hour/Event
Procedure Grid Cd	1702
Medicaid Billing Code	99282
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Emergency Room Services (Psychiatric)

AMH

99283

Published Proc Cd	99283
Proc Cd	99283
Proc Desc	Emergency department visit - moderate complexity
Proc Short Desc	ER, mod complex
Unit Type	Hour/Event
Procedure Grid Cd	1702
Medicaid Billing Code	99283
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Emergency Room Services (Psychiatric)

AMH

99284

Published Proc Cd	99284
Proc Cd	99284
Proc Desc	Emergency department visit - detail history, moderate complexity
Proc Short Desc	ER, history, mod complex
Unit Type	Hour/Event
Procedure Grid Cd	1702
Medicaid Billing Code	99284
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Emergency Room Services (Psychiatric)

AMH

99285

Published Proc Cd	99285
Proc Cd	99285
Proc Desc	Emergency department visit - high complexity
Proc Short Desc	ER, high complex
Unit Type	Hour/Event
Procedure Grid Cd	1702
Medicaid Billing Code	99285
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Emergency Room Services (Psychiatric)

CMH

99281HA

Published Proc Cd	99281
Proc Cd	99281HA
Proc Desc	Emergency department visit
Proc Short Desc	ER, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2702
Medicaid Billing Code	99281
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Emergency Room Services (Psychiatric)

CMH

99282HA

Published Proc Cd	99282
Proc Cd	99282HA
Proc Desc	Emergency department visit - low complexity
Proc Short Desc	ER, low complex, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2702
Medicaid Billing Code	99282
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Emergency Room Services (Psychiatric)

CMH

99283HA

Published Proc Cd	99283
Proc Cd	99283HA
Proc Desc	Emergency department visit - moderate complexity
Proc Short Desc	ER, mod complex, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2702
Medicaid Billing Code	99283
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Emergency Room Services (Psychiatric)

CMH

99284HA

Published Proc Cd	99284
Proc Cd	99284HA
Proc Desc	Emergency department visit - detail history, moderate complexity
Proc Short Desc	ER, history, mod complex, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2702
Medicaid Billing Code	99284
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Emergency Room Services (Psychiatric)

CMH

99285HA

Published Proc Cd	99285
Proc Cd	99285HA
Proc Desc	Emergency department visit - high complexity
Proc Short Desc	ER, high complex, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2702
Medicaid Billing Code	99285
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Engagement Activity

AMH

H0025H9TS

Published Proc Cd	H0025H9TS
Proc Cd	H0025H9TS
Proc Desc	Engagement, face-to-face activities with the client to develop treatment alliance and rapport, Outpatient Competency Restoration Program
Proc Short Desc	Engmnt client, OCR
Unit Type	Hour/Event
Procedure Grid Cd	170
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/20
Eff Dt	3/1/20
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Engagement Activity

AMH

H0025TS

Published Proc Cd	H0025TS
Proc Cd	H0025TS
Proc Desc	Engagement, face-to-face activities with the client to develop treatment alliance and rapport
Proc Short Desc	Engmnt client
Unit Type	Hour/Event
Procedure Grid Cd	170
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Engagement Activity

CMH

H0025HATS

Published Proc Cd	H0025HATS
Proc Cd	H0025HATS
Proc Desc	Engagement, face-to-face activities with the client to develop treatment alliance and rapport
Proc Short Desc	Engmnt client, CMH
Unit Type	Hour/Event
Procedure Grid Cd	270
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CRTC	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Extended Observation

AMH

99218

Published Proc Cd	99218
Proc Cd	99218
Proc Desc	Observation for the evaluation of a client, includes coordination of care with other providers or agencies, low severity, up to 48 hours
Proc Short Desc	Ext Obs, low severity
Unit Type	Hour/Event
Procedure Grid Cd	1706
Medicaid Billing Code	99218
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/11/15
Eff Dt	9/1/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Extended Observation

AMH

99218H9

Published Proc Cd	99218H9
Proc Cd	99218H9
Proc Desc	Observation for the evaluation of a client, includes coordination of care with other providers or agencies, low severity, up to 48 hours, Outpatient Competency Restoration Program
Proc Short Desc	Ext Obs, low severity, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1706
Medicaid Billing Code	99218
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/11/15
Eff Dt	9/1/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Extended Observation

AMH

99219

Published Proc Cd	99219
Proc Cd	99219
Proc Desc	Observation for the evaluation of a client, includes coordination of care with other providers or agencies, moderate severity, up to 48 hours
Proc Short Desc	Ext Obs, mod severity
Unit Type	Hour/Event
Procedure Grid Cd	1706
Medicaid Billing Code	99219
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/10/15
Eff Dt	9/1/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Extended Observation

AMH

99219H9

Published Proc Cd	99219H9
Proc Cd	99219H9
Proc Desc	Observation for the evaluation of a client, includes coordination of care with other providers or agencies, moderate severity, up to 48 hours, Outpatient Competency Restoration Program
Proc Short Desc	Ext Obs, mod severity, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1706
Medicaid Billing Code	99219
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/10/15
Eff Dt	9/1/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Extended Observation

AMH

99220

Published Proc Cd	99220
Proc Cd	99220
Proc Desc	Observation for the evaluation of a client, includes coordination of care with other providers or agencies, high severity, up to 48 hours
Proc Short Desc	Ext Obs, high severity
Unit Type	Hour/Event
Procedure Grid Cd	1706
Medicaid Billing Code	99220
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/11/15
Eff Dt	9/1/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	GH	OF	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Extended Observation

AMH

99220H9

Published Proc Cd	99220H9
Proc Cd	99220H9
Proc Desc	Observation for the evaluation of a client, includes coordination of care with other providers or agencies, high severity, up to 48 hours, Outpatient Competency Restoration Program
Proc Short Desc	Ext Obs, high severity, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1706
Medicaid Billing Code	99220
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/11/15
Eff Dt	9/1/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Extended Observation

CMH

99218HA

Published Proc Cd	99218HA
Proc Cd	99218HA
Proc Desc	Observation for the evaluation of a client, includes coordination of care with other providers or agencies, low severity, up to 48 hours
Proc Short Desc	Ext Obs, low severity, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2706
Medicaid Billing Code	99218
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/11/15
Eff Dt	9/1/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Extended Observation

CMH

99219HA

Published Proc Cd	99219HA
Proc Cd	99219HA
Proc Desc	Observation for the evaluation of a client, includes coordination of care with other providers or agencies, moderate severity, up to 48 hours
Proc Short Desc	Ext Obs, mod severity, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2706
Medicaid Billing Code	99219
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/10/15
Eff Dt	9/1/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Extended Observation

CMH

99220HA

Published Proc Cd	99220HA
Proc Cd	99220HA
Proc Desc	Observation for the evaluation of a client, includes coordination of care with other providers or agencies, high severity, up to 48 hours
Proc Short Desc	Ext Obs, high severity, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2706
Medicaid Billing Code	99220
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/11/15
Eff Dt	9/1/15
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Family Case Management

CMH

T1016HAHEHS

Published Proc Cd	T1016HAHEHS
Proc Cd	T1016HAHEHS
Proc Desc	Family Case Management, collateral only
Proc Short Desc	Family CM, collateral, CMH
Unit Type	Hour/Event
Procedure Grid Cd	280
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.4 - Family Support Services, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CRTC	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	M	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Family Partner

AMH

H0038HE

Published Proc Cd	H0038HE
Proc Cd	H0038HE
Proc Desc	Family Partner
Proc Short Desc	Family Part, AMH
Unit Type	Hour/Event
Procedure Grid Cd	1509
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Family Partner

AMH

S9482

Published Proc Cd	S9482
Proc Cd	S9482
Proc Desc	Certified Family Partner Services for Adult Mental Health
Proc Short Desc	Family Part, AMH
Unit Type	Hour/Event
Procedure Grid Cd	1509
Medicaid Billing Code	S9482
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/25
Eff Dt	3/1/25
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1	A1M	A1S	A2	A3	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	D	E	G	H	J	K	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Family Partner

AMH

S9482HE

Published Proc Cd	S9482HE
Proc Cd	S9482HE
Proc Desc	Certified Family Partner Services for Adult Mental Health
Proc Short Desc	Family Part, AMH
Unit Type	Hour/Event
Procedure Grid Cd	1509
Medicaid Billing Code	S9482HE
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/25
Eff Dt	3/1/25
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1	A1M	A1S	A2	A3	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	D	E	G	H	J	K	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Family Partner

AMH

S9482HQ

Published Proc Cd	S9482HQ
Proc Cd	S9482HQ
Proc Desc	Certified Family Partner Services for Adult Mental Health for Group-delivered services
Proc Short Desc	Family Part, AMH, Group
Unit Type	Hour/Event
Procedure Grid Cd	1509
Medicaid Billing Code	S9482HQ
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/25
Eff Dt	3/1/25
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1	A1M	A1S	A2	A3	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	D	E	G	H	J	K	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Family Partner

CMH

H0038HA

Published Proc Cd	H0038HA
Proc Cd	H0038HA
Proc Desc	Family Partner
Proc Short Desc	Family Part, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2509
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.4 - Family Support Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CRTC	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Family Partner

CMH

S9482HA

Published Proc Cd	S9482HA
Proc Cd	S9482HA
Proc Desc	Certified Family Partner Services for Childrens Mental Health
Proc Short Desc	Family Part, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2509
Medicaid Billing Code	S9482HA
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.4 - Family Support Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/25
Eff Dt	3/1/25
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C1.1	C1.2	C2	C2.1	C2.2	C2.3	C2.4	C3	C4	C5	CEO	CRTC	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	D	E	G	H	J	K	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Family Partner

CMH

S9482HAHE

Published Proc Cd	S9482HAHE
Proc Cd	S9482HAHE
Proc Desc	Certified Family Partner Services for Childrens Mental Health
Proc Short Desc	Family Part, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2509
Medicaid Billing Code	S9482HAHE
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.4 - Family Support Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/25
Eff Dt	3/1/25
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C1.1	C1.2	C2	C2.1	C2.2	C2.3	C2.4	C3	C4	C5	CEO	CRTC	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	D	E	G	H	J	K	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Family Partner

CMH

S9482HAHQ

Published Proc Cd	S9482HAHQ
Proc Cd	S9482HAHQ
Proc Desc	Certified Family Partner Services for Childrens Mental Health for Group-delivered services
Proc Short Desc	Family Part, CMH, Group
Unit Type	Hour/Event
Procedure Grid Cd	2509
Medicaid Billing Code	S9482HAHQ
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.4 - Family Support Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/25
Eff Dt	3/1/25
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C1.1	C1.2	C2	C2.1	C2.2	C2.3	C2.4	C3	C4	C5	CEO	CRTC	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	D	E	G	H	J	K	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Family Training, Group

CMH

H2019HAHQ

Published Proc Cd	H2019HAHQ
Proc Cd	H2019HAHQ
Proc Desc	Family Training, Group
Proc Short Desc	Grp Family Train, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2514
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.4 - Family Support Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CRTC	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Family Training, Individual

CMH

H2019HA

Published Proc Cd	H2019HA
Proc Cd	H2019HA
Proc Desc	Family Training, Individual
Proc Short Desc	Indv Family Train, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2513
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.4 - Family Support Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CRTC	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Flexible Community Supports

AMH

H2016

Published Proc Cd	H2016
Proc Cd	H2016
Proc Desc	Clinical or Non-clinical supports
Proc Short Desc	Flex Supports
Unit Type	Hour/Event
Procedure Grid Cd	1508
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Flexible Community Supports

AMH

H2016H9

Published Proc Cd	H2016H9
Proc Cd	H2016H9
Proc Desc	Clinical or Non-clinical supports, Outpatient Competency Restoration Program
Proc Short Desc	Flex Supports, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1508
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Flexible Community Supports

CMH

H2016HA

Published Proc Cd	H2016HA
Proc Cd	H2016HA
Proc Desc	Clinical or Non-clinical supports
Proc Short Desc	Flex Supports, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2504
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Flexible Funds

AMH

H2016H9U1

Published Proc Cd	H2016H9U1
Proc Cd	H2016H9U1
Proc Desc	Funds for clinical or non-clinical supports, Outpatient Competency Restoration Program
Proc Short Desc	Flex Funds, OCR
Unit Type	Dollars
Procedure Grid Cd	1508
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Other
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Flexible Funds

AMH

H2016U1

Published Proc Cd	H2016U1
Proc Cd	H2016U1
Proc Desc	Funds for clinical or non-clinical supports
Proc Short Desc	Flex Funds
Unit Type	Dollars
Procedure Grid Cd	1508
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Flex Funds, or B.2.3 - Other
Proc Last Modification Date	12/1/09
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Flexible Funds

CMH

H2016HAU1

Published Proc Cd	H2016HAU1
Proc Cd	H2016HAU1
Proc Desc	Funds for clinical or non-clinical supports
Proc Short Desc	Flex Funds, CMH
Unit Type	Dollars
Procedure Grid Cd	2504
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - All Other Outpatient Services, or B.2.3 - Other
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853

Published Proc Cd	90853
Proc Cd	90853
Proc Desc	Group counseling by, LCSW, or LPC
Proc Short Desc	Grp Counsel, LCSW, LPC
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853ET

Published Proc Cd	90853ET
Proc Cd	90853ET
Proc Desc	Group counseling, in response to a MH crisis, by LCSW, or LPC
Proc Short Desc	Grp Counsel, crisis, LCSW, LPC
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853ETH9

Published Proc Cd	90853ETH9
Proc Cd	90853ETH9
Proc Desc	Group counseling, in response to a MH crisis, by, LCSW, or LPC, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, crisis, LCSW, LPC, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853ETH9U9

Published Proc Cd	90853ETH9U9
Proc Cd	90853ETH9U9
Proc Desc	Group counseling, in response to a MH crisis, by, Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, crisis, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853ETH9UB

Published Proc Cd	90853ETH9UB
Proc Cd	90853ETH9UB
Proc Desc	Group counseling, in response to a MH crisis, by, Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, crisis, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853ETU9

Published Proc Cd	90853ETU9
Proc Cd	90853ETU9
Proc Desc	Group counseling, in response to a MH crisis, by Provisionally Licensed Psychologist
Proc Short Desc	Grp Counsel, crisis, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853ETUB

Published Proc Cd	90853ETUB
Proc Cd	90853ETUB
Proc Desc	Group counseling, in response to a MH crisis, by Psychology Interns and Fellows
Proc Short Desc	Grp Counsel, crisis, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853H9

Published Proc Cd	90853H9
Proc Cd	90853H9
Proc Desc	Group counseling by LCSW, or LPC, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, LCSW, LPC, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853H9U5

Published Proc Cd	90853H9U5
Proc Cd	90853H9U5
Proc Desc	Group counseling, cognitive processing therapy, by LCSW, or LPC, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, CPT, LCSW, LPC, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	7/1/10
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853H9U5U9

Published Proc Cd	90853H9U5U9
Proc Cd	90853H9U5U9
Proc Desc	Group counseling, cognitive processing therapy, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, CPT, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853H9U5UB

Published Proc Cd	90853H9U5UB
Proc Cd	90853H9U5UB
Proc Desc	Group counseling, cognitive processing therapy, by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, CPT, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853H9U9

Published Proc Cd	90853H9U9
Proc Cd	90853H9U9
Proc Desc	Group counseling by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853H9UB

Published Proc Cd	90853H9UB
Proc Cd	90853H9UB
Proc Desc	Group counseling by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853U5

Published Proc Cd	90853U5
Proc Cd	90853U5
Proc Desc	Group counseling, cognitive processing therapy, by, LCSW, or LPC
Proc Short Desc	Grp Counsel, CPT, LCSW, LPC
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	7/1/10
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Group Counseling

AMH

90853U5U9

Published Proc Cd	90853U5U9
Proc Cd	90853U5U9
Proc Desc	Group counseling, cognitive processing therapy, by Provisionally Licensed Psychologist
Proc Short Desc	Grp Counsel, CPT, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853U5UB

Published Proc Cd	90853U5UB
Proc Cd	90853U5UB
Proc Desc	Group counseling, cognitive processing therapy, by Psychology Interns and Fellows
Proc Short Desc	Grp Counsel, CPT, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853U9

Published Proc Cd	90853U9
Proc Cd	90853U9
Proc Desc	Group counseling by, Provisionally Licensed Psychologist
Proc Short Desc	Grp Counsel, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

AMH

90853UB

Published Proc Cd	90853UB
Proc Cd	90853UB
Proc Desc	Group counseling by, Psychology Interns and Fellows
Proc Short Desc	Grp Counsel, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

CMH

90849ETHA

Published Proc Cd	90849ETHA
Proc Cd	90849ETHA
Proc Desc	Multiple family psychotherapy, in response to a MH crisis
Proc Short Desc	Multi Family Psychotherapy, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C2	C3	C4	C5	CEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

CMH

90849HA

Published Proc Cd	90849HA
Proc Cd	90849HA
Proc Desc	Multiple family psychotherapy
Proc Short Desc	Multi Family Psychotherapy, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

CMH

90853ETHA

Published Proc Cd	90853ET
Proc Cd	90853ETHA
Proc Desc	Group counseling (other than of a multiple family group), in response to a MH crisis, by LPC, or LCSW
Proc Short Desc	Grp Counsel, crisis, LCSW, LPC, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C2	C3	C4	C5	CEO	CTAY	CY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	E

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

CMH

90853ETHAU9

Published Proc Cd	90853ETU9
Proc Cd	90853ETHAU9
Proc Desc	Group counseling (other than of a multiple family group), in response to a MH crisis, by Provisionally Licensed Psychologist
Proc Short Desc	Grp Counsel, crisis, PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

CMH

90853ETHAUB

Published Proc Cd	90853ETUB
Proc Cd	90853ETHAUB
Proc Desc	Group counseling (other than of a multiple family group), in response to a MH crisis, by Psychology Interns and Fellows
Proc Short Desc	Grp Counsel, crisis, Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

CMH

90853HA

Published Proc Cd	90853
Proc Cd	90853HA
Proc Desc	Group counseling (other than of a multiple family group) by LPC, or LCSW
Proc Short Desc	Grp Counsel, LCSW, LPC, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	E

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Group Counseling

CMH

90853HAU9

Published Proc Cd	90853U9
Proc Cd	90853HAU9
Proc Desc	Group counseling (other than of a multiple family group) by Provisionally Licensed Psychologist
Proc Short Desc	Grp Counsel, PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Group Counseling

CMH

90853HAUB

Published Proc Cd	90853UB
Proc Cd	90853HAUB
Proc Desc	Group counseling (other than of a multiple family group) by Psychology Interns and Fellows
Proc Short Desc	Grp Counsel, Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832

Published Proc Cd	90832
Proc Cd	90832
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LPC or LCSW
Proc Short Desc	Indv Psychotherapy, 16-37 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	E	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832ET

Published Proc Cd	90832ET
Proc Cd	90832ET
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LPC or LCSW
Proc Short Desc	Indv Psychotherapy crisis, 16-37 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832ETH9

Published Proc Cd	90832ETH9
Proc Cd	90832ETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832ETH9U9

Published Proc Cd	90832ETH9U9
Proc Cd	90832ETH9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program,
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90832ETH9UB

Published Proc Cd	90832ETH9UB
Proc Cd	90832ETH9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Psychology Interns and Fellows, Outpatient Competency Restoration Program,
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832ETU9

Published Proc Cd	90832ETU9
Proc Cd	90832ETU9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy crisis, 16-32 min, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90832ETUB

Published Proc Cd	90832ETUB
Proc Cd	90832ETUB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy crisis, 16-32 min, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832H9

Published Proc Cd	90832H9
Proc Cd	90832H9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 16-37 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832H9U5

Published Proc Cd	90832H9U5
Proc Cd	90832H9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90832H9U5U9

Published Proc Cd	90832H9U5U9
Proc Cd	90832H9U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832H9U5UB

Published Proc Cd	90832H9U5UB
Proc Cd	90832H9U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832H9U9

Published Proc Cd	90832H9U9
Proc Cd	90832H9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 16-37 min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832H9UB

Published Proc Cd	90832H9UB
Proc Cd	90832H9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 16-37 min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90832U5

Published Proc Cd	90832U5
Proc Cd	90832U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by LPC or LCSW
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832U5U9

Published Proc Cd	90832U5U9
Proc Cd	90832U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832U5UB

Published Proc Cd	90832U5UB
Proc Cd	90832U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90832U9

Published Proc Cd	90832U9
Proc Cd	90832U9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 16-37 min, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90832UB

Published Proc Cd	90832UB
Proc Cd	90832UB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, 16-37 min, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834

Published Proc Cd	90834
Proc Cd	90834
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by LPC or LCSW
Proc Short Desc	Indv Psychotherapy, 38-52min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	E	F	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90834ET

Published Proc Cd	90834ET
Proc Cd	90834ET
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LPC or LCSW
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834ETH9

Published Proc Cd	90834ETH9
Proc Cd	90834ETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
 NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Individual/Family Counseling

AMH

90834ETH9U9

Published Proc Cd	90834ETH9U9
Proc Cd	90834ETH9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min,PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90834ETH9UB

Published Proc Cd	90834ETH9UB
Proc Cd	90834ETH9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min,Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834ETU9

Published Proc Cd	90834ETU9
Proc Cd	90834ETU9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90834ETUB

Published Proc Cd	90834ETUB
Proc Cd	90834ETUB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834H9

Published Proc Cd	90834H9
Proc Cd	90834H9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 38-52 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90834H9U5

Published Proc Cd	90834H9U5
Proc Cd	90834H9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90834H9U5U9

Published Proc Cd	90834H9U5U9
Proc Cd	90834H9U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834H9U5UB

Published Proc Cd	90834H9U5UB
Proc Cd	90834H9U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90834H9U9

Published Proc Cd	90834H9U9
Proc Cd	90834H9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 38-52 min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834H9UB

Published Proc Cd	90834H9UB
Proc Cd	90834H9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 38-52 min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834U5

Published Proc Cd	90834U5
Proc Cd	90834U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by LPC or LCSW
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834U5U9

Published Proc Cd	90834U5U9
Proc Cd	90834U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834U5UB

Published Proc Cd	90834U5UB
Proc Cd	90834U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834U9

Published Proc Cd	90834U9
Proc Cd	90834U9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 38-52 min, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90834UB

Published Proc Cd	90834UB
Proc Cd	90834UB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, 38-52 min, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837

Published Proc Cd	90837
Proc Cd	90837
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LPC or LCSW
Proc Short Desc	Indv Psychotherapy, LPC, LCSW, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	E	F	L	R

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837ET

Published Proc Cd	90837ET
Proc Cd	90837ET
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LPC or LCSW
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837ETH9

Published Proc Cd	90837ETH9
Proc Cd	90837ETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90837ETH9U9

Published Proc Cd	90837ETH9U9
Proc Cd	90837ETH9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837ETH9UB

Published Proc Cd	90837ETH9UB
Proc Cd	90837ETH9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837ETU9

Published Proc Cd	90837ETU9
Proc Cd	90837ETU9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837ETUB

Published Proc Cd	90837ETUB
Proc Cd	90837ETUB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837H9

Published Proc Cd	90837H9
Proc Cd	90837H9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 53+ min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837H9U5

Published Proc Cd	90837H9U5
Proc Cd	90837H9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837H9U5U9

Published Proc Cd	90837H9U5U9
Proc Cd	90837H9U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837H9U5UB

Published Proc Cd	90837H9U5UB
Proc Cd	90837H9U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837H9U9

Published Proc Cd	90837H9U9
Proc Cd	90837H9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 53+ min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837H9UB

Published Proc Cd	90837H9UB
Proc Cd	90837H9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 53+ min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837HZ

Published Proc Cd	90837HZ
Proc Cd	90837HZ
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LPC or LCSW,TCOOMMI
Proc Short Desc	Indv Psychotherapy, LPC, LCSW, 53+ min, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/20
Eff Dt	3/1/20
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	*

RECIPIENT_CD

Allowed Values	*

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837U5

Published Proc Cd	90837U5
Proc Cd	90837U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by LPC or LCSW
Proc Short Desc	Indv Psychotherapy, CPT, LPC, LCSW, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837U5U9

Published Proc Cd	90837U5U9
Proc Cd	90837U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, CPT, PLP, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837U5UB

Published Proc Cd	90837U5UB
Proc Cd	90837U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, CPT, Psychology Interns and Fellows, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90837U9

Published Proc Cd	90837U9
Proc Cd	90837U9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, PLP, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90837UB

Published Proc Cd	90837UB
Proc Cd	90837UB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, Psychology Interns and Fellows, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846

Published Proc Cd	90846
Proc Cd	90846
Proc Desc	Family Psychotherapy without the Patient,, by LPC or LCSW
Proc Short Desc	Family Psychotherapy without the Patient, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/19
Eff Dt	1/1/19
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846ET

Published Proc Cd	90846ET
Proc Cd	90846ET
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by LPC or LCSW
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	A	C	E	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846ETH9

Published Proc Cd	90846ETH9
Proc Cd	90846ETH9
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	A	C	E	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90846ETH9U9

Published Proc Cd	90846ETH9U9
Proc Cd	90846ETH9U9
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Pre-Doc Intern or Post Doc Psych fellow, Outpatient Competency Restoration Program,
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Pre-Doc Intern or Post Doc Psych fellow, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846ETH9UB

Published Proc Cd	90846ETH9UB
Proc Cd	90846ETH9UB
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Pre-Doc Intern or Post Doc Psych fellow, Outpatient Competency Restoration Program,
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Pre-Doc Intern or Post Doc Psych fellow, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90846ETU9

Published Proc Cd	90846ETU9
Proc Cd	90846ETU9
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Pre-Doc Intern or Post Doc Psych fellow,
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Pre-Doc Intern or Post Doc Psych fellow
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846ETUB

Published Proc Cd	90846ETUB
Proc Cd	90846ETUB
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Pre-Doc Intern or Post Doc Psych fellow,
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Pre-Doc Intern or Post Doc Psych fellow
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846H9

Published Proc Cd	90846H9
Proc Cd	90846H9
Proc Desc	Family Psychotherapy without the Patient by LPC or LCSW,, Outpatient Competency Restoration Program
Proc Short Desc	Family Psychotherapy without the Patient, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	A	C	E	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846H9U9

Published Proc Cd	90846H9U9
Proc Cd	90846H9U9
Proc Desc	Family Psychotherapy without the Patient by Pre-Doc Intern or Post Doc Psych fellow, Outpatient Competency Restoration Program,
Proc Short Desc	Family Psychotherapy without the Patient, Pre-Doc Intern or Post Doc Psych fellow, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846H9UB

Published Proc Cd	90846H9UB
Proc Cd	90846H9UB
Proc Desc	Family Psychotherapy without the Patient by Pre-Doc Intern or Post Doc Psych fellow, Outpatient Competency Restoration Program,
Proc Short Desc	Family Psychotherapy without the Patient, Pre-Doc Intern or Post Doc Psych fellow, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846U9

Published Proc Cd	90846U9
Proc Cd	90846U9
Proc Desc	Family Psychotherapy without the Patient by Pre-Doc Intern or Post Doc Psych fellow,
Proc Short Desc	Family Psychotherapy without the Patient, Pre-Doc Intern or Post Doc Psych fellow
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90846UB

Published Proc Cd	90846UB
Proc Cd	90846UB
Proc Desc	Family Psychotherapy without the Patient by Pre-Doc Intern or Post Doc Psych fellow,
Proc Short Desc	Family Psychotherapy without the Patient, Pre-Doc Intern or Post Doc Psych fellow
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90847

Published Proc Cd	90847
Proc Cd	90847
Proc Desc	Family counseling by LPC or LCSW
Proc Short Desc	Family Counsel, 50 minutes, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90847ET

Published Proc Cd	90847ET
Proc Cd	90847ET
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by LPC or LCSW
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90847ETH9

Published Proc Cd	90847ETH9
Proc Cd	90847ETH9
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90847ETH9U9

Published Proc Cd	90847ETH9U9
Proc Cd	90847ETH9U9
Proc Desc	Family counseling, in response to a MH crisis, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, approximately 45-50 minutes
Proc Short Desc	Family Counsel, crisis, 45-50 min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90847ETH9UB

Published Proc Cd	90847ETH9UB
Proc Cd	90847ETH9UB
Proc Desc	Family counseling, in response to a MH crisis, by Psychology Interns and Fellows, Outpatient Competency Restoration Program, approximately 45-50 minutes
Proc Short Desc	Family Counsel, crisis, 45-50 min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90847ETU9

Published Proc Cd	90847ETU9
Proc Cd	90847ETU9
Proc Desc	Family counseling, in response to a MH crisis, by Provisionally Licensed Psychologist, approximately 45-50 minutes
Proc Short Desc	Family Counsel, crisis, 45-50 min, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90847ETUB

Published Proc Cd	90847ETUB
Proc Cd	90847ETUB
Proc Desc	Family counseling, in response to a MH crisis, by Psychology Interns and Fellows, approximately 45-50 minutes
Proc Short Desc	Family Counsel, crisis, 45-50 min, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90847H9

Published Proc Cd	90847H9
Proc Cd	90847H9
Proc Desc	Family counseling by LPC or LCSW, approximately 45-50 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Family Counsel,45-50 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90847H9U9

Published Proc Cd	90847H9U9
Proc Cd	90847H9U9
Proc Desc	Family counseling by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, approximately 45-50 minutes
Proc Short Desc	Family Counsel, 45-50 min, PLP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90847H9UB

Published Proc Cd	90847H9UB
Proc Cd	90847H9UB
Proc Desc	Family counseling by Psychology Interns and Fellows, Outpatient Competency Restoration Program, approximately 45-50 minutes
Proc Short Desc	Family Counsel, 45-50 min, Psychology Interns and Fellows, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

AMH

90847U9

Published Proc Cd	90847U9
Proc Cd	90847U9
Proc Desc	Family counseling by Provisionally Licensed Psychologist, approximately 45-50 minutes
Proc Short Desc	Family Counsel, 45-50 min, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

AMH

90847UB

Published Proc Cd	90847UB
Proc Cd	90847UB
Proc Desc	Family counseling by Psychology Interns and Fellows, approximately 45-50 minutes
Proc Short Desc	Family Counsel, 45-50 min, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90832ETHA

Published Proc Cd	90832ET
Proc Cd	90832ETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LPC, or LCSW
Proc Short Desc	Indv Psychotherapy, crisis, 16 -37 min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90832ETHAU9

Published Proc Cd	90832ETU9
Proc Cd	90832ETHAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

CMH

90832ETHAUB

Published Proc Cd	90832ETUB
Proc Cd	90832ETHAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90832HA

Published Proc Cd	90832HA
Proc Cd	90832HA
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LPC, or LCSW
Proc Short Desc	Indv Psychotherapy, 16-37min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832HA
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	E	G	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90832HAU9

Published Proc Cd	90832U9
Proc Cd	90832HAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 16-37min, PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90832HAUB

Published Proc Cd	90832UB
Proc Cd	90832HAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, 16-37min, Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

CMH

90834ETHA

Published Proc Cd	90834ET
Proc Cd	90834ETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LPC, or LCSW
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90834ETHAU9

Published Proc Cd	90834ETU9
Proc Cd	90834ETHAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

CMH

90834ETHAUB

Published Proc Cd	90834ETUB
Proc Cd	90834ETHAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90834HA

Published Proc Cd	90834HA
Proc Cd	90834HA
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by LPC, or LCSW
Proc Short Desc	Indv Psychotherapy, 38-52min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834HA
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	E	G	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90834HAU9

Published Proc Cd	90834U9
Proc Cd	90834HAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 38-52min, PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90834HAUB

Published Proc Cd	90834UB
Proc Cd	90834HAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, 38-52min, Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90837ETHA

Published Proc Cd	90837ET
Proc Cd	90837ETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LPC, or LCSW
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90837ETHAU9

Published Proc Cd	90837ETU9
Proc Cd	90837ETHAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90837ETHAUB

Published Proc Cd	90837ETUB
Proc Cd	90837ETHAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90837HA

Published Proc Cd	90837HA
Proc Cd	90837HA
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LPC, or LCSW
Proc Short Desc	Indv Psychotherapy, 53+min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837HA
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	E	G	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90837HAU9

Published Proc Cd	90837U9
Proc Cd	90837HAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 53+min,PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90837HAUB

Published Proc Cd	90837UB
Proc Cd	90837HAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows
Proc Short Desc	Indv Psychotherapy, 53+min,Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90846ETHA

Published Proc Cd	90846ETHA
Proc Cd	90846ETHA
Proc Desc	Family psychotherapy without the patient, in response to a MH crisis
Proc Short Desc	Family Psychotherapy, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETHA
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	L	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90846ETHAU9

Published Proc Cd	90846ETU9
Proc Cd	90846ETHAU9
Proc Desc	Family psychotherapy without the patient by Provisionally Licensed Psychologist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy PLP, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETU9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	L	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90846ETHAUB

Published Proc Cd	90846ETUB
Proc Cd	90846ETHAUB
Proc Desc	Family psychotherapy without the patient by Psychology Interns and Fellows, in response to a MH crisis
Proc Short Desc	Family Psychotherapy Psychology Interns & Fellows, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETUB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	L	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

CMH

90846HA

Published Proc Cd	90846HA
Proc Cd	90846HA
Proc Desc	Family psychotherapy without the patient
Proc Short Desc	Family Psychotherapy, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846HA
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	L	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90846HAU9

Published Proc Cd	90846U9
Proc Cd	90846HAU9
Proc Desc	Family psychotherapy without the patient by Provisionally Licensed Psychologist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	3

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	L	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90846HAUB

Published Proc Cd	90846UB
Proc Cd	90846HAUB
Proc Desc	Family psychotherapy without the patient by Psychology Interns and Fellows, in response to a MH crisis
Proc Short Desc	Family Psychotherapy Psychology Interns & Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	3

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	L	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90847ETHA

Published Proc Cd	90847ET
Proc Cd	90847ETHA
Proc Desc	Family counseling with client, in response to a MH crisis, approximately 45-50 minutes, by LPC or LCSW
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B	E

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90847ETHAU9

Published Proc Cd	90847ETU9
Proc Cd	90847ETHAU9
Proc Desc	Family counseling with client, in response to a MH crisis, approximately 45-50 minutes, by Provisionally Licensed Psychologist
Proc Short Desc	Family Counsel, crisis, 45-50 min, PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Individual/Family Counseling

CMH

90847ETHAUB

Published Proc Cd	90847ETUB
Proc Cd	90847ETHAUB
Proc Desc	Family counseling with client, in response to a MH crisis, approximately 45-50 minutes, by Psychology Interns and Fellows
Proc Short Desc	Family Counsel, crisis, 45-50 min, Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90847HA

Published Proc Cd	90847HA
Proc Cd	90847HA
Proc Desc	Family counseling with client by LPC, or LCSW
Proc Short Desc	Family Counsel, 50 minutes, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847HA
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/20
Eff Dt	3/1/20
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	E	G

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90847HAU9

Published Proc Cd	90847U9
Proc Cd	90847HAU9
Proc Desc	Family counseling with client by Provisionally Licensed Psychologist
Proc Short Desc	Family Counsel, 50 minutes PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Individual/Family Counseling

CMH

90847HAUB

Published Proc Cd	90847UB
Proc Cd	90847HAUB
Proc Desc	Family counseling with client by Psychology Interns and Fellows
Proc Short Desc	Family Counsel, 50 minutes Psychology Interns and Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90816

Published Proc Cd	90816
Proc Cd	90816
Proc Desc	Inpatient Hospital Services, individual psychotherapy, inpatient hospital, approximately 20 to 30 minutes
Proc Short Desc	Indv Tx, Hosp 20-30min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90816
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90817

Published Proc Cd	90817
Proc Cd	90817
Proc Desc	Inpatient Hospital Services, individual psychotherapy, inpatient hospital, approximately 20 to 30 minutes, with med management
Proc Short Desc	Indv Tx and Med Mgmt, Hosp 20-30min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90817
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90818

Published Proc Cd	90818
Proc Cd	90818
Proc Desc	Inpatient Hospital Services, individual psychotherapy, inpatient hospital, approximately 45 to 50 minutes face-to-face with the patient
Proc Short Desc	Indv Tx, Hosp 45-50min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90818
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90819

Published Proc Cd	90819
Proc Cd	90819
Proc Desc	Inpatient Hospital Services, individual psychotherapy, inpatient hospital, approximately 45 to 50 minutes face-to-face with the patient, with med management
Proc Short Desc	Indv Tx and Med Mgmt, Hosp 45-50min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90819
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90821

Published Proc Cd	90821
Proc Cd	90821
Proc Desc	Inpatient Hospital Services, individual psychotherapy, inpatient hospital, approximately 75 to 80 minutes face-to-face with the patient
Proc Short Desc	Indv Tx, Hosp 75-80min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90821
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90822

Published Proc Cd	90822
Proc Cd	90822
Proc Desc	Inpatient Hospital Services, individual psychotherapy, inpatient hospital, approximately 75 to 80 minutes face-to-face with the patient, with med management
Proc Short Desc	Indv Tx and Med Mgmt, Hosp 75-80min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90822
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90823

Published Proc Cd	90823
Proc Cd	90823
Proc Desc	Inpatient Hospital Services, individual psychotherapy, interactive, using interpreter, or other mechanisms of communication, inpatient hospital, approximately 20 to 30 minutes
Proc Short Desc	Indv Tx w/ interpreter, Hosp 20-30min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90823
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90824

Published Proc Cd	90824
Proc Cd	90824
Proc Desc	Inpatient Hospital Services, individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 20 to 30 minutes, with med management
Proc Short Desc	Indv Tx w/ interpreter and Med Mgmt, Hosp 20-30min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90824
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90826

Published Proc Cd	90826
Proc Cd	90826
Proc Desc	Inpatient Hospital Services, individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 45 to 50 minutes
Proc Short Desc	Indv Tx w/ interpreter, Hosp 45-50min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90826
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90827

Published Proc Cd	90827
Proc Cd	90827
Proc Desc	Inpatient Hospital Services, individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 45 to 50 minutes, with med management
Proc Short Desc	Indv Tx w/ interpreter and Med Mgmt, Hosp, 45-50min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90827
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90828

Published Proc Cd	90828
Proc Cd	90828
Proc Desc	Inpatient Hospital Services, individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 75 to 80 minutes
Proc Short Desc	Indv Tx w/ interpreter, Hosp, 75-80min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90828
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

90829

Published Proc Cd	90829
Proc Cd	90829
Proc Desc	Inpatient Hospital Services, individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 75 to 80 minutes, with med management
Proc Short Desc	Indv Tx w/ interpreter and Med Mgmt, Hosp, 75-80min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	90829
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99221

Published Proc Cd	99221
Proc Cd	99221
Proc Desc	Inpatient Hospital Services, Hospital Admission - low complexity
Proc Short Desc	Hosp Admit, low complex
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99221
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99222

Published Proc Cd	99222
Proc Cd	99222
Proc Desc	Inpatient Hospital Services, Hospital Admission - moderate complexity
Proc Short Desc	Hosp Admit, mod complex
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99222
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99223

Published Proc Cd	99223
Proc Cd	99223
Proc Desc	Inpatient Hospital Services, Hospital Admission - high complexity
Proc Short Desc	Hosp Admit, high complex
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99223
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99231

Published Proc Cd	99231
Proc Cd	99231
Proc Desc	Inpatient Hospital Services, Subsequent Hospital Care, per day, for the Evaluation and Management of a Patient with 2 of 3 key components - low complexity - approximately 15 minutes
Proc Short Desc	Subsequent Hosp Care, low complex, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99231
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99232

Published Proc Cd	99232
Proc Cd	99232
Proc Desc	Inpatient Hospital Services, Subsequent Hospital Care, per day, for the Evaluation and Management of a Patient with 2 of 3 key components - moderate complexity - approximately 25 minutes
Proc Short Desc	Subsequent Hosp Care, mod complex, 25min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99232
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99233

Published Proc Cd	99233
Proc Cd	99233
Proc Desc	Inpatient Hospital Services, Subsequent Hospital Care, per day, for the Evaluation and Management of a Patient with 2 of 3 key components - high complexity - approximately 35 minutes
Proc Short Desc	Subsequent Hosp Care, high complex, 35min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99233
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99234

Published Proc Cd	99234
Proc Cd	99234
Proc Desc	Inpatient Hospital Services, per day, for the Evaluation and Management of a Patient Including Admit & Discharge; 3 key components - low severity
Proc Short Desc	Hosp Services, EM, low severity
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99234
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99235

Published Proc Cd	99235
Proc Cd	99235
Proc Desc	Inpatient Hospital Services, per day, for the Evaluation and Management of a Patient Including Admit & Discharge; 3 key components - moderate severity
Proc Short Desc	Hosp Services, EM, mod severity
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99235
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99236

Published Proc Cd	99236
Proc Cd	99236
Proc Desc	Inpatient Hospital Services, per day, for the Evaluation and Management of a Patient Including Admit & Discharge; 3 key components - high severity
Proc Short Desc	Hosp Services, EM, high severity
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99236
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Inpatient Hospital Services

AMH

99238

Published Proc Cd	99238
Proc Cd	99238
Proc Desc	Inpatient Hospital Services, Hospital Discharge - 30 min or less
Proc Short Desc	Hosp Discharge, 30min or less
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99238
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99239

Published Proc Cd	99239
Proc Cd	99239
Proc Desc	Inpatient Hospital Services, Hospital Discharge - more than 30 min
Proc Short Desc	Hosp Discharge, more than 30min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99239
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99251

Published Proc Cd	99251
Proc Cd	99251
Proc Desc	Inpatient Hospital Services, Initial Inpatient Consultation - 20 minutes
Proc Short Desc	Hosp Int Consult, 20min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99251
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Inpatient Hospital Services

AMH

99252

Published Proc Cd	99252
Proc Cd	99252
Proc Desc	Inpatient Hospital Services, Initial Inpatient Consultation - 40 minutes
Proc Short Desc	Hosp Int Consult, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99252
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Inpatient Hospital Services

AMH

99253

Published Proc Cd	99253
Proc Cd	99253
Proc Desc	Inpatient Hospital Services, Initial Inpatient Consultation - 55 minutes
Proc Short Desc	Hosp Int Consult, 55min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99253
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Inpatient Hospital Services

AMH

99254

Published Proc Cd	99254
Proc Cd	99254
Proc Desc	Inpatient Hospital Services, Initial Inpatient Consultation - 80 minutes
Proc Short Desc	Hosp Int Consult, 80min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99254
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

AMH

99255

Published Proc Cd	99255
Proc Cd	99255
Proc Desc	Inpatient Hospital Services, Initial Inpatient Consultation - 110 minutes
Proc Short Desc	Hosp Int Consult, 110min
Unit Type	Hour/Event
Procedure Grid Cd	1704
Medicaid Billing Code	99255
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90816HA

Published Proc Cd	90816
Proc Cd	90816HA
Proc Desc	Individual psychotherapy, inpatient hospital, approximately 20 to 30 minutes
Proc Short Desc	Indv Tx, Hosp 20-30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90816
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90817HA

Published Proc Cd	90817
Proc Cd	90817HA
Proc Desc	Individual psychotherapy, inpatient hospital, approximately 20 to 30 minutes, with med management
Proc Short Desc	Indv Tx and Med Mgmt, Hosp 20-30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90817
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90818HA

Published Proc Cd	90818
Proc Cd	90818HA
Proc Desc	Individual psychotherapy, inpatient hospital setting, approximately 45 to 50 minutes
Proc Short Desc	Indv Tx, Hosp 45-50min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90818
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90819HA

Published Proc Cd	90819
Proc Cd	90819HA
Proc Desc	Individual psychotherapy, inpatient hospital, approximately 45 to 50 minutes, with med management
Proc Short Desc	Indv Tx and Med Mgmt, Hosp 45-50min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90819
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90821HA

Published Proc Cd	90821
Proc Cd	90821HA
Proc Desc	Individual psychotherapy, inpatient hospital, approximately 75 to 80 minutes
Proc Short Desc	Indv Tx, Hosp 75-80min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90821
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90822HA

Published Proc Cd	90822
Proc Cd	90822HA
Proc Desc	Individual psychotherapy, inpatient hospital, approximately 75 to 80 minutes, with med management
Proc Short Desc	Indv Tx and Med Mgmt, Hosp 75-80min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90822
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90823HA

Published Proc Cd	90823
Proc Cd	90823HA
Proc Desc	Individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 20 to 30 minutes
Proc Short Desc	Indv Tx w/ interpreter, Hosp 20-30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90823
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90824HA

Published Proc Cd	90824
Proc Cd	90824HA
Proc Desc	Individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 20 to 30 minutes, with med management
Proc Short Desc	Indv Tx w/ interpreter and Med Mgmt, Hosp 20-30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90824
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90826HA

Published Proc Cd	90826
Proc Cd	90826HA
Proc Desc	Individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 45 to 50 minutes
Proc Short Desc	Indv Tx w/ interpreter, Hosp 45-50min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90826
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90827HA

Published Proc Cd	90827
Proc Cd	90827HA
Proc Desc	Individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 45 to 50 minutes, with med management.
Proc Short Desc	Indv Tx w/ interpreter and Med Mgmt, Hosp 45-50min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90827
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

90828HA

Published Proc Cd	90828
Proc Cd	90828HA
Proc Desc	Individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 75 to 80 minutes
Proc Short Desc	Indv Tx w/ interpreter, Hosp 75-80min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90828
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Inpatient Hospital Services

CMH

90829HA

Published Proc Cd	90829
Proc Cd	90829HA
Proc Desc	Individual psychotherapy, interactive, using interpreter or other mechanisms of communication, inpatient hospital, approximately 75 to 80 minutes, with med management
Proc Short Desc	Indv Tx w/ interpreter and Med Mgmt, Hosp 75-80min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	90829
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99221HA

Published Proc Cd	99221
Proc Cd	99221HA
Proc Desc	Hospital Admission - low complexity
Proc Short Desc	Hosp Admit, low complex, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99221
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99222HA

Published Proc Cd	99222
Proc Cd	99222HA
Proc Desc	Hospital Admission - moderate complexity
Proc Short Desc	Hosp Admit, mod complex, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99222
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99223HA

Published Proc Cd	99223
Proc Cd	99223HA
Proc Desc	Hospital Admission - high complexity
Proc Short Desc	Hosp Admit, high complex, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99223
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99231HA

Published Proc Cd	99231
Proc Cd	99231HA
Proc Desc	Subsequent Hospital Care, per day, for the Evaluation and Management of a Patient with 2 of 3 key components - low complexity - approximately 15 minutes
Proc Short Desc	Subsequent Hosp Care, low complex, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99231
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99232HA

Published Proc Cd	99232
Proc Cd	99232HA
Proc Desc	Subsequent Hospital Care, per day, for the Evaluation and Management of a Patient with 2 of 3 key components - moderate complexity - approximately 25 minutes
Proc Short Desc	Subsequent Hosp Care, mod complex, 25min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99232
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Inpatient Hospital Services

CMH

99233HA

Published Proc Cd	99233
Proc Cd	99233HA
Proc Desc	Subsequent Hospital Care, per day, for the Evaluation and Management of a Patient with 2 of 3 key components- high complexity- Approximately 35 minutes
Proc Short Desc	Subsequent Hosp Care, high complex, 35min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99233
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99234HA

Published Proc Cd	99234
Proc Cd	99234HA
Proc Desc	Inpatient Hospital Care, per day, for the Evaluation and Management of a Patient Including Admit & Discharge; 3 key components Services - low severity
Proc Short Desc	Hosp Services, EM, low severity, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99234
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99235HA

Published Proc Cd	99235
Proc Cd	99235HA
Proc Desc	Inpatient Hospital Care, per day, for the Evaluation and Management of a Patient Including Admit & Discharge; 3 key components Services - moderate severity
Proc Short Desc	Hosp Services, EM, mod severity, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99235
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99236HA

Published Proc Cd	99236
Proc Cd	99236HA
Proc Desc	Inpatient Hospital Care, per day, for the Evaluation and Management of a Patient Including Admit & Discharge; 3 key components Services - high severity
Proc Short Desc	Hosp Services, EM, high severity, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99236
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99238HA

Published Proc Cd	99238
Proc Cd	99238HA
Proc Desc	Hospital Discharge - 30 min or less
Proc Short Desc	Hosp Discharge, 30min or less, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99238
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99239HA

Published Proc Cd	99239
Proc Cd	99239HA
Proc Desc	Hospital Discharge - more than 30 min
Proc Short Desc	Hosp Discharge, more than 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99239
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Inpatient Hospital Services

CMH

99251HA

Published Proc Cd	99251
Proc Cd	99251HA
Proc Desc	Initial Inpatient Consultation - 20 minutes
Proc Short Desc	Hosp Int Consult, 20min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99251
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99252HA

Published Proc Cd	99252
Proc Cd	99252HA
Proc Desc	Initial Inpatient Consultation - 40 minutes
Proc Short Desc	Hosp Int Consult, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99252
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Inpatient Hospital Services

CMH

99253HA

Published Proc Cd	99253
Proc Cd	99253HA
Proc Desc	Initial Inpatient Consultation - 55 minutes
Proc Short Desc	Hosp Int Consult, 55min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99253
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99254HA

Published Proc Cd	99254
Proc Cd	99254HA
Proc Desc	Initial Inpatient Consultation - 80 minutes
Proc Short Desc	Hosp Int Consult, 80min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99254
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Hospital Services

CMH

99255HA

Published Proc Cd	99255
Proc Cd	99255HA
Proc Desc	Initial Inpatient Consultation - 110 minutes
Proc Short Desc	Hosp Int Consult, 110min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2704
Medicaid Billing Code	99255
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Services (Psychiatric)

AMH

T2048

Published Proc Cd	T2048
Proc Cd	T2048
Proc Desc	Inpatient Psychiatric Services, Room and Board
Proc Short Desc	Psychiatric Rm and Brd
Unit Type	Bedday
Procedure Grid Cd	1703
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Residential, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	CS	GH	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Inpatient Services (Psychiatric)

CMH

T2048HA

Published Proc Cd	T2048HA
Proc Cd	T2048HA
Proc Desc	Inpatient Psychiatric Services, Room and Board
Proc Short Desc	Psychiatric Rm and Brd, CMH
Unit Type	Bedday
Procedure Grid Cd	2703
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Residential, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CH	CI	GH

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Intensive Case Management

AMH

T1017ETH9HZTG

Published Proc Cd	T1017ETH9HZTG
Proc Cd	T1017ETH9HZTG
Proc Desc	Intensive Case Management, in response to a MH crisis, TCOOMMI funded
Proc Short Desc	Intensive CM, crisis, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	162
Medicaid Billing Code	T1017ETH9HZTG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Intensive Case Management

AMH

T1017ETH9TG

Published Proc Cd	T1017ETH9TG
Proc Cd	T1017ETH9TG
Proc Desc	Intensive Case Management, in response to a MH crisis
Proc Short Desc	Intensive CM, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	162
Medicaid Billing Code	T1017ETH9TG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Intensive Case Management

AMH

T1017ETHZTG

Published Proc Cd	T1017ETHZTG
Proc Cd	T1017ETHZTG
Proc Desc	Intensive Case Management, in response to a MH crisis, TCOOMMI funded
Proc Short Desc	Intensive CM, crisis, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	162
Medicaid Billing Code	T1017ETHZTG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Intensive Case Management

AMH

T1017ETTg

Published Proc Cd	T1017ETTg
Proc Cd	T1017ETTg
Proc Desc	Intensive Case Management, in response to a MH crisis
Proc Short Desc	Intensive CM, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	162
Medicaid Billing Code	T1017ETTg
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Intensive Case Management

AMH

T1017H9HZTG

Published Proc Cd	T1017H9HZTG
Proc Cd	T1017H9HZTG
Proc Desc	Intensive Case Management, TCOOMMI funded
Proc Short Desc	Intensive CM, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	162
Medicaid Billing Code	T1017H9HZTG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Intensive Case Management

AMH

T1017H9TG

Published Proc Cd	T1017H9TG
Proc Cd	T1017H9TG
Proc Desc	Intensive Case Management
Proc Short Desc	Intensive CM, CMH
Unit Type	Hour/Event
Procedure Grid Cd	162
Medicaid Billing Code	T1017H9TG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Intensive Case Management

AMH

T1017HZTG

Published Proc Cd	T1017HZTG
Proc Cd	T1017HZTG
Proc Desc	Intensive Case Management, TCOOMMI funded
Proc Short Desc	Intensive CM, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	162
Medicaid Billing Code	T1017HZTG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Intensive Case Management

AMH

T1017TG

Published Proc Cd	T1017TG
Proc Cd	T1017TG
Proc Desc	Intensive Case Management
Proc Short Desc	Intensive CM, CMH
Unit Type	Hour/Event
Procedure Grid Cd	162
Medicaid Billing Code	T1017TG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	4/1/17
Eff Dt	4/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Intensive Case Management

CMH

T1017ETHAHZTG

Published Proc Cd	T1017ETHAHZTG
Proc Cd	T1017ETHAHZTG
Proc Desc	Intensive Case Management, in response to a MH crisis, TCOOMMI funded
Proc Short Desc	Intensive CM, crisis, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	252
Medicaid Billing Code	T1017HAHZTG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C4	CEO	CRTC	CTAY	CY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Intensive Case Management

CMH

T1017ETHATG

Published Proc Cd	T1017ETHATG
Proc Cd	T1017ETHATG
Proc Desc	Intensive Case Management, in response to a MH crisis
Proc Short Desc	Intensive CM, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	252
Medicaid Billing Code	T1017HATG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C4	CEO	CRTC	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Intensive Case Management

CMH

T1017HAHZTG

Published Proc Cd	T1017HAHZTG
Proc Cd	T1017HAHZTG
Proc Desc	Intensive Case Management, TCOOMMI funded
Proc Short Desc	Intensive CM, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	252
Medicaid Billing Code	T1017HAHZTG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C4	CEO	CRTC	CTAY	CY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Intensive Case Management

CMH

T1017HATG

Published Proc Cd	T1017HATG
Proc Cd	T1017HATG
Proc Desc	Intensive Case Management
Proc Short Desc	Intensive CM, CMH
Unit Type	Hour/Event
Procedure Grid Cd	252
Medicaid Billing Code	T1017HATG
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	U

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C4	CEO	CRTC	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	M	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Medication Training & Supports, Group

AMH

H0034ETH9HQ

Published Proc Cd	H0034ETH9HQ
Proc Cd	H0034ETH9HQ
Proc Desc	Medication Training and Supports, in response to a MH crisis, Group, Outpatient Competency Restoration Program
Proc Short Desc	Grp Med Train and Support, crisis, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1106
Medicaid Billing Code	H0034HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

AMH

H0034ETH9HQHZ

Published Proc Cd	H0034ETH9HQHZ
Proc Cd	H0034ETH9HQHZ
Proc Desc	Medication Training and Supports, in response to a MH crisis, Group, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Grp Med Train and Support, crisis, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1106
Medicaid Billing Code	H0034HQHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

AMH

H0034ETHQ

Published Proc Cd	H0034ETHQ
Proc Cd	H0034ETHQ
Proc Desc	Medication Training and Supports, in response to a MH crisis, Group
Proc Short Desc	Grp Med Train and Support, crisis
Unit Type	Hour/Event
Procedure Grid Cd	1106
Medicaid Billing Code	H0034HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

AMH

H0034ETHQHZ

Published Proc Cd	H0034ETHQHZ
Proc Cd	H0034ETHQHZ
Proc Desc	Medication Training and Supports, in response to a MH crisis, Group, TCOOMMI funded
Proc Short Desc	Grp Med Train and Support, crisis, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1106
Medicaid Billing Code	H0034HQQHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

AMH

H0034H9HQ

Published Proc Cd	H0034H9HQ
Proc Cd	H0034H9HQ
Proc Desc	Medication Training and Supports, Group, Outpatient Competency Restoration Program
Proc Short Desc	Grp Med Train and Support, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1106
Medicaid Billing Code	H0034HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

AMH

H0034H9HQHZ

Published Proc Cd	H0034H9HQHZ
Proc Cd	H0034H9HQHZ
Proc Desc	Medication Training and Supports, Group, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Grp Med Train and Support, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1106
Medicaid Billing Code	H0034HQHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

AMH

H0034HQ

Published Proc Cd	H0034HQ
Proc Cd	H0034HQ
Proc Desc	Medication Training and Supports, Group
Proc Short Desc	Grp Med Train and Support
Unit Type	Hour/Event
Procedure Grid Cd	1106
Medicaid Billing Code	H0034HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

AMH

H0034HQBZ

Published Proc Cd	H0034HQBZ
Proc Cd	H0034HQBZ
Proc Desc	Medication Training and Supports, Group, TCOOMMI funded
Proc Short Desc	Grp Med Train and Support, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1106
Medicaid Billing Code	H0034HQBZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

CMH

H0034ETHAHQ

Published Proc Cd	H0034ETHAHQ
Proc Cd	H0034ETHAHQ
Proc Desc	Group Medication Training and Supports by QMHP-CS in response to a MH crisis
Proc Short Desc	Grp Med Train and Support, crisis, QMHP-CS, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2106
Medicaid Billing Code	H0034HQHA
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

CMH

H0034ETHAHQHZ

Published Proc Cd	H0034ETHAHQHZ
Proc Cd	H0034ETHAHQHZ
Proc Desc	Group Medication Training and Supports by QMHP-CS, consumers only, TCOOMMI funded
Proc Short Desc	Grp Med Train and Support, crisis, QMHP-CS, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	2106
Medicaid Billing Code	H0034HQHAHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

CMH

H0034HAHQ

Published Proc Cd	H0034HAHQ
Proc Cd	H0034HAHQ
Proc Desc	Group Medication Training and Supports by QMHP-CS
Proc Short Desc	Grp Med Train and Support, QMHP-CS, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2106
Medicaid Billing Code	H0034HQHA
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Group

CMH

H0034HAHQHZ

Published Proc Cd	H0034HAHQHZ
Proc Cd	H0034HAHQHZ
Proc Desc	Group Medication Training and Supports by QMHP-CS, TCOOMMI funded
Proc Short Desc	Grp Med Train and Support, QMHP-CS, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	2106
Medicaid Billing Code	H0034HQHAHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Individual

AMH

H0034

Published Proc Cd	H0034
Proc Cd	H0034
Proc Desc	Medication Training and Supports
Proc Short Desc	Indv Med Train and Support
Unit Type	Hour/Event
Procedure Grid Cd	1105
Medicaid Billing Code	H0034
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Individual

AMH

H0034ET

Published Proc Cd	H0034ET
Proc Cd	H0034ET
Proc Desc	Medication Training and Supports, in response to a MH crisis
Proc Short Desc	Indv Med Train and Support, crisis
Unit Type	Hour/Event
Procedure Grid Cd	1105
Medicaid Billing Code	H0034
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Medication Training & Supports, Individual

AMH

H0034ETH9

Published Proc Cd	H0034ETH9
Proc Cd	H0034ETH9
Proc Desc	Medication Training and Supports, in response to a MH crisis, Outpatient Competency Restoration Program
Proc Short Desc	Indv Med Train and Support, crisis, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1105
Medicaid Billing Code	H0034
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Individual

AMH

H0034ETH9HZ

Published Proc Cd	H0034ETH9HZ
Proc Cd	H0034ETH9HZ
Proc Desc	Medication Training and Supports, in response to a MH crisis, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv Med Train and Support, crisis, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1105
Medicaid Billing Code	H0034HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Individual

AMH

H0034ETHZ

Published Proc Cd	H0034ETHZ
Proc Cd	H0034ETHZ
Proc Desc	Medication Training and Supports, in response to a MH crisis, TCOOMMI funded
Proc Short Desc	Indv Med Train and Support, crisis, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1105
Medicaid Billing Code	H0034HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Medication Training & Supports, Individual

AMH

H0034H9

Published Proc Cd	H0034H9
Proc Cd	H0034H9
Proc Desc	Medication Training and Supports, Outpatient Competency Restoration Program
Proc Short Desc	Indv Med Train and Support, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1105
Medicaid Billing Code	H0034
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Individual

AMH

H0034H9HZ

Published Proc Cd	H0034H9HZ
Proc Cd	H0034H9HZ
Proc Desc	Medication Training and Supports, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv Med Train and Support, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1105
Medicaid Billing Code	H0034HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Medication Training & Supports, Individual

AMH

H0034HZ

Published Proc Cd	H0034HZ
Proc Cd	H0034HZ
Proc Desc	Medication Training and Supports, TCOOMMI funded
Proc Short Desc	Indv Med Train and Support, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1105
Medicaid Billing Code	H0034HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Individual

CMH

H0034ETHA

Published Proc Cd	H0034ETHA
Proc Cd	H0034ETHA
Proc Desc	Medication Training and Supports in response to a MH crisis
Proc Short Desc	Indv Med Train and Support, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2105
Medicaid Billing Code	H0034HA
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Individual

CMH

H0034ETHAHZ

Published Proc Cd	H0034ETHAHZ
Proc Cd	H0034ETHAHZ
Proc Desc	Medication Training and Supports in response to a MH crisis, TCOOMMI funded
Proc Short Desc	Indv Med Train and Support, crisis, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	2105
Medicaid Billing Code	H0034HAHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Individual

CMH

H0034HA

Published Proc Cd	H0034HA
Proc Cd	H0034HA
Proc Desc	Medication Training and Supports
Proc Short Desc	Indv Med Train and Support, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2105
Medicaid Billing Code	H0034HA
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Medication Training & Supports, Individual

CMH

H0034HAHZ

Published Proc Cd	H0034HAHZ
Proc Cd	H0034HAHZ
Proc Desc	Medication Training and Supports, TCOOMMI funded
Proc Short Desc	Indv Med Train and Support, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	2105
Medicaid Billing Code	H0034HAHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Parent Support Group

CMH

H0025HAHQ

Published Proc Cd	H0025HAHQ
Proc Cd	H0025HAHQ
Proc Desc	Parent Support Group
Proc Short Desc	Parent Grp, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2508
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CRTC	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	2	3	4	5

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Peer Assistance & Support

AMH

H0038HH

Published Proc Cd	H0038HH
Proc Cd	H0038HH
Proc Desc	Peer Support Specialists - Harris County Only
Proc Short Desc	Peer Support, Harris
Unit Type	Hour/Event
Procedure Grid Cd	170
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	11/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	K

SVC_LOCATION_CD

Allowed Values	CS	OF	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

90833

Published Proc Cd	90833
Proc Cd	90833
Proc Desc	Psychotherapy add-on 16-37 minutes
Proc Short Desc	Psychotherapy add-on, 16-37 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	90833
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

90836

Published Proc Cd	90836
Proc Cd	90836
Proc Desc	Psychotherapy add-on 38-52 minutes
Proc Short Desc	Psychotherapy add-on, 38-52 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	90836
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

90838

Published Proc Cd	90838
Proc Cd	90838
Proc Desc	Psychotherapy add-on 53+ minutes
Proc Short Desc	Psychotherapy add-on, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	90838
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99201

Published Proc Cd	99201
Proc Cd	99201
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99201ET

Published Proc Cd	99201ET
Proc Cd	99201ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 10min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99201ETGYH9TD

Published Proc Cd	99201ETGYH9TD
Proc Cd	99201ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99201ETGYTD

Published Proc Cd	99201ETGYTD
Proc Cd	99201ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99201ETH9

Published Proc Cd	99201ETH9
Proc Cd	99201ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 10min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99201ETH9TD

Published Proc Cd	99201ETH9TD
Proc Cd	99201ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 10min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99201ETH9UD

Published Proc Cd	99201ETH9UD
Proc Cd	99201ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99201ETHETD

Published Proc Cd	99201ETHETD
Proc Cd	99201ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 10 minutes
Proc Short Desc	Sup RN, crisis, 10min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99201ETUD

Published Proc Cd	99201ETUD
Proc Cd	99201ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99201GYH9TD

Published Proc Cd	99201GYH9TD
Proc Cd	99201GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99201GYTD

Published Proc Cd	99201GYTD
Proc Cd	99201GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt RN, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99201H9

Published Proc Cd	99201H9
Proc Cd	99201H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 10min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99201H9TD

Published Proc Cd	99201H9TD
Proc Cd	99201H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 10min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99201H9UD

Published Proc Cd	99201H9UD
Proc Cd	99201H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 10min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99201HETD

Published Proc Cd	99201HETD
Proc Cd	99201HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 10 minutes
Proc Short Desc	Sup RN, 10min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99201UD

Published Proc Cd	99201UD
Proc Cd	99201UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99202

Published Proc Cd	99202
Proc Cd	99202
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes
Proc Short Desc	Pharm Mgmt EM, 20min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99202ET

Published Proc Cd	99202ET
Proc Cd	99202ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 20min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99202ETGYH9TD

Published Proc Cd	99202ETGYH9TD
Proc Cd	99202ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99202ETGYTD

Published Proc Cd	99202ETGYTD
Proc Cd	99202ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99202ETH9

Published Proc Cd	99202ETH9
Proc Cd	99202ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 20min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99202ETH9TD

Published Proc Cd	99202ETH9TD
Proc Cd	99202ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 20 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 20min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99202ETH9UD

Published Proc Cd	99202ETH9UD
Proc Cd	99202ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99202ETHETD

Published Proc Cd	99202ETHETD
Proc Cd	99202ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 20 minutes
Proc Short Desc	Sup RN, crisis, 20min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99202ETUD

Published Proc Cd	99202ETUD
Proc Cd	99202ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 20 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99202GYH9TD

Published Proc Cd	99202GYH9TD
Proc Cd	99202GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 20 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99202GYTD

Published Proc Cd	99202GYTD
Proc Cd	99202GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 20 minutes
Proc Short Desc	Pharm Mgmt RN, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99202H9

Published Proc Cd	99202H9
Proc Cd	99202H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 20min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99202H9TD

Published Proc Cd	99202H9TD
Proc Cd	99202H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 20 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 20min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99202H9UD

Published Proc Cd	99202H9UD
Proc Cd	99202H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 20 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 20min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99202HETD

Published Proc Cd	99202HETD
Proc Cd	99202HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 20 minutes
Proc Short Desc	Sup RN, 20min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99202UD

Published Proc Cd	99202UD
Proc Cd	99202UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 20 minutes
Proc Short Desc	Pharm Mgmt EM, 20min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99203

Published Proc Cd	99203
Proc Cd	99203
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99203ET

Published Proc Cd	99203ET
Proc Cd	99203ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99203ETGYH9TD

Published Proc Cd	99203ETGYH9TD
Proc Cd	99203ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99203ETGYTD

Published Proc Cd	99203ETGYTD
Proc Cd	99203ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99203ETH9

Published Proc Cd	99203ETH9
Proc Cd	99203ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99203ETH9TD

Published Proc Cd	99203ETH9TD
Proc Cd	99203ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99203ETH9UD

Published Proc Cd	99203ETH9UD
Proc Cd	99203ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99203ETHETD

Published Proc Cd	99203ETHETD
Proc Cd	99203ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 30 minutes
Proc Short Desc	Sup RN, crisis, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99203ETUD

Published Proc Cd	99203ETUD
Proc Cd	99203ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99203GYH9TD

Published Proc Cd	99203GYH9TD
Proc Cd	99203GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99203GYTD

Published Proc Cd	99203GYTD
Proc Cd	99203GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt RN, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99203H9

Published Proc Cd	99203H9
Proc Cd	99203H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99203H9TD

Published Proc Cd	99203H9TD
Proc Cd	99203H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99203H9UD

Published Proc Cd	99203H9UD
Proc Cd	99203H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99203HETD

Published Proc Cd	99203HETD
Proc Cd	99203HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 30 minutes
Proc Short Desc	Sup RN, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99203UD

Published Proc Cd	99203UD
Proc Cd	99203UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99204

Published Proc Cd	99204
Proc Cd	99204
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes
Proc Short Desc	Pharm Mgmt EM, 45min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99204ET

Published Proc Cd	99204ET
Proc Cd	99204ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 45min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99204ETGYH9TD

Published Proc Cd	99204ETGYH9TD
Proc Cd	99204ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99204ETGYTD

Published Proc Cd	99204ETGYTD
Proc Cd	99204ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99204ETH9

Published Proc Cd	99204ETH9
Proc Cd	99204ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 45min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99204ETH9TD

Published Proc Cd	99204ETH9TD
Proc Cd	99204ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 45 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 45min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99204ETH9UD

Published Proc Cd	99204ETH9UD
Proc Cd	99204ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99204ETHETD

Published Proc Cd	99204ETHETD
Proc Cd	99204ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 45 minutes
Proc Short Desc	Sup RN, crisis, 45min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99204ETUD

Published Proc Cd	99204ETUD
Proc Cd	99204ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 45 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99204GYH9TD

Published Proc Cd	99204GYH9TD
Proc Cd	99204GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 45 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99204GYTD

Published Proc Cd	99204GYTD
Proc Cd	99204GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 45 minutes
Proc Short Desc	Pharm Mgmt RN, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99204H9

Published Proc Cd	99204H9
Proc Cd	99204H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 45min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99204H9TD

Published Proc Cd	99204H9TD
Proc Cd	99204H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 45 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 45min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99204H9UD

Published Proc Cd	99204H9UD
Proc Cd	99204H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 45 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 45min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99204HETD

Published Proc Cd	99204HETD
Proc Cd	99204HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 45 minutes
Proc Short Desc	Sup RN, 45min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99204UD

Published Proc Cd	99204UD
Proc Cd	99204UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 45 minutes
Proc Short Desc	Pharm Mgmt EM, 45min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99205

Published Proc Cd	99205
Proc Cd	99205
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99205ET

Published Proc Cd	99205ET
Proc Cd	99205ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99205ETGYH9TD

Published Proc Cd	99205ETGYH9TD
Proc Cd	99205ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99205ETGYTD

Published Proc Cd	99205ETGYTD
Proc Cd	99205ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99205ETH9

Published Proc Cd	99205ETH9
Proc Cd	99205ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99205ETH9TD

Published Proc Cd	99205ETH9TD
Proc Cd	99205ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99205ETH9UD

Published Proc Cd	99205ETH9UD
Proc Cd	99205ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99205ETHETD

Published Proc Cd	99205ETHETD
Proc Cd	99205ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes
Proc Short Desc	Sup RN, crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99205ETUD

Published Proc Cd	99205ETUD
Proc Cd	99205ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99205GYH9TD

Published Proc Cd	99205GYH9TD
Proc Cd	99205GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99205GYTD

Published Proc Cd	99205GYTD
Proc Cd	99205GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99205H9

Published Proc Cd	99205H9
Proc Cd	99205H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99205H9TD

Published Proc Cd	99205H9TD
Proc Cd	99205H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99205H9UD

Published Proc Cd	99205H9UD
Proc Cd	99205H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99205HETD

Published Proc Cd	99205HETD
Proc Cd	99205HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 60 minutes
Proc Short Desc	Sup RN, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99205UD

Published Proc Cd	99205UD
Proc Cd	99205UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99211

Published Proc Cd	99211
Proc Cd	99211
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 5 minutes
Proc Short Desc	Pharm Mgmt EM, 5min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	U

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	K	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99211ET

Published Proc Cd	99211ET
Proc Cd	99211ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 5 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 5min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99211ETGYH9TD

Published Proc Cd	99211ETGYH9TD
Proc Cd	99211ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 5 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 5 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99211ETGYTD

Published Proc Cd	99211ETGYTD
Proc Cd	99211ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 5 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 5 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99211ETH9

Published Proc Cd	99211ETH9
Proc Cd	99211ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 5 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 5min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	2/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99211ETH9TD

Published Proc Cd	99211ETH9TD
Proc Cd	99211ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 5 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 5min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99211ETH9UD

Published Proc Cd	99211ETH9UD
Proc Cd	99211ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 5 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 5min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99211ETHETD

Published Proc Cd	99211ETHETD
Proc Cd	99211ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 5 minutes
Proc Short Desc	Sup RN, crisis, 5min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CH	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99211ETUD

Published Proc Cd	99211ETUD
Proc Cd	99211ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 5 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 5min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99211GYH9TD

Published Proc Cd	99211GYH9TD
Proc Cd	99211GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 5 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 5 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99211GYTD

Published Proc Cd	99211GYTD
Proc Cd	99211GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 5 minutes
Proc Short Desc	Pharm Mgmt RN, 5 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	6

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99211H9

Published Proc Cd	99211H9
Proc Cd	99211H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 5 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 5min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99211H9TD

Published Proc Cd	99211H9TD
Proc Cd	99211H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 5 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 5min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99211H9UD

Published Proc Cd	99211H9UD
Proc Cd	99211H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 5 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 5min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99211HETD

Published Proc Cd	99211HETD
Proc Cd	99211HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 5 minutes
Proc Short Desc	Sup RN, 5min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H	I

SVC_LOCATION_CD

Allowed Values	CS	HM	NF	OF	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99211UD

Published Proc Cd	99211UD
Proc Cd	99211UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 5 minutes
Proc Short Desc	Pharm Mgmt EM, 5min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99212

Published Proc Cd	99212
Proc Cd	99212
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99212ET

Published Proc Cd	99212ET
Proc Cd	99212ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis, typically spends 10 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 10min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99212ETGYH9TD

Published Proc Cd	99212ETGYH9TD
Proc Cd	99212ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99212ETGYTD

Published Proc Cd	99212ETGYTD
Proc Cd	99212ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99212ETH9

Published Proc Cd	99212ETH9
Proc Cd	99212ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis, typically spends 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 10min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99212ETH9TD

Published Proc Cd	99212ETH9TD
Proc Cd	99212ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 10min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99212ETH9UD

Published Proc Cd	99212ETH9UD
Proc Cd	99212ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. Pharm D typically spends 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99212ETHETD

Published Proc Cd	99212ETHETD
Proc Cd	99212ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 10 minutes
Proc Short Desc	Sup RN, crisis, 10min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99212ETUD

Published Proc Cd	99212ETUD
Proc Cd	99212ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. Pharm D typically spends 10 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99212GYH9TD

Published Proc Cd	99212GYH9TD
Proc Cd	99212GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99212GYTD

Published Proc Cd	99212GYTD
Proc Cd	99212GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt RN, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99212H9

Published Proc Cd	99212H9
Proc Cd	99212H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 10min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99212H9TD

Published Proc Cd	99212H9TD
Proc Cd	99212H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 10min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99212H9UD

Published Proc Cd	99212H9UD
Proc Cd	99212H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. Pharm D typically spends 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 10min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99212HETD

Published Proc Cd	99212HETD
Proc Cd	99212HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 10 minutes
Proc Short Desc	Sup RN, 10min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99212UD

Published Proc Cd	99212UD
Proc Cd	99212UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. Pharm D typically spends 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99213

Published Proc Cd	99213
Proc Cd	99213
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99213ET

Published Proc Cd	99213ET
Proc Cd	99213ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. MD typically spends 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min, MD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99213ETGYH9TD

Published Proc Cd	99213ETGYH9TD
Proc Cd	99213ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99213ETGYTD

Published Proc Cd	99213ETGYTD
Proc Cd	99213ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99213ETH9

Published Proc Cd	99213ETH9
Proc Cd	99213ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. MD typically spends 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 15min, MD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99213ETH9TD

Published Proc Cd	99213ETH9TD
Proc Cd	99213ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99213ETH9UD

Published Proc Cd	99213ETH9UD
Proc Cd	99213ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. Pharm D typically spends 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99213ETHETD

Published Proc Cd	99213ETHETD
Proc Cd	99213ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 15 minutes
Proc Short Desc	Sup RN, crisis, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99213ETUD

Published Proc Cd	99213ETUD
Proc Cd	99213ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. Pharm D typically spends 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	8/20/07
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99213GYH9TD

Published Proc Cd	99213GYH9TD
Proc Cd	99213GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99213GYTD

Published Proc Cd	99213GYTD
Proc Cd	99213GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt RN, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99213H9

Published Proc Cd	99213H9
Proc Cd	99213H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99213H9TD

Published Proc Cd	99213H9TD
Proc Cd	99213H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99213H9UD

Published Proc Cd	99213H9UD
Proc Cd	99213H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. Pharm D typically spends 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 15min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99213HETD

Published Proc Cd	99213HETD
Proc Cd	99213HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 15 minutes
Proc Short Desc	Sup RN, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99213UD

Published Proc Cd	99213UD
Proc Cd	99213UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. Pharm D typically spends 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214

Published Proc Cd	99214
Proc Cd	99214
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM, 25min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214ET

Published Proc Cd	99214ET
Proc Cd	99214ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. MD typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 25min, MD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214ETGYH9TD

Published Proc Cd	99214ETGYH9TD
Proc Cd	99214ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 25 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99214ETGYTD

Published Proc Cd	99214ETGYTD
Proc Cd	99214ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 25 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214ETH9

Published Proc Cd	99214ETH9
Proc Cd	99214ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. MD typically spends 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 25min, MD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214ETH9TD

Published Proc Cd	99214ETH9TD
Proc Cd	99214ETH9TD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 25min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214ETH9UD

Published Proc Cd	99214ETH9UD
Proc Cd	99214ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. Pharm D typically spends 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214ETHETD

Published Proc Cd	99214ETHETD
Proc Cd	99214ETHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 25 minutes
Proc Short Desc	Sup RN, crisis, 25min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99214ETUD

Published Proc Cd	99214ETUD
Proc Cd	99214ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. Pharm D typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99214GYH9TD

Published Proc Cd	99214GYH9TD
Proc Cd	99214GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 25 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99214GYTD

Published Proc Cd	99214GYTD
Proc Cd	99214GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 25 minutes
Proc Short Desc	Pharm Mgmt RN, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214H9

Published Proc Cd	99214H9
Proc Cd	99214H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically spends 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 25min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99214H9TD

Published Proc Cd	99214H9TD
Proc Cd	99214H9TD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 25min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214H9UD

Published Proc Cd	99214H9UD
Proc Cd	99214H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. Pharm D typically spends 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 25min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99214HETD

Published Proc Cd	99214HETD
Proc Cd	99214HETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 25 minutes
Proc Short Desc	Sup RN, 25min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99214UD

Published Proc Cd	99214UD
Proc Cd	99214UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. Pharm D typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM, 25min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99215

Published Proc Cd	99215
Proc Cd	99215
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	U

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99215ET

Published Proc Cd	99215ET
Proc Cd	99215ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. MD typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, MD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99215ETGYH9TD

Published Proc Cd	99215ETGYH9TD
Proc Cd	99215ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99215ETGYTD

Published Proc Cd	99215ETGYTD
Proc Cd	99215ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 40 minutess
Proc Short Desc	Pharm Mgmt crisis, RN, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99215ETH9

Published Proc Cd	99215ETH9
Proc Cd	99215ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. MD typically spends 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 40min, MD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99215ETH9TD

Published Proc Cd	99215ETH9TD
Proc Cd	99215ETH9TD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99215ETH9UD

Published Proc Cd	99215ETH9UD
Proc Cd	99215ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. Pharm D typically spends 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99215ETHETD

Published Proc Cd	99215ETHETD
Proc Cd	99215ETHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 40 minutes
Proc Short Desc	Sup RN, crisis, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99215ETUD

Published Proc Cd	99215ETUD
Proc Cd	99215ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. Pharm D typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99215GYH9TD

Published Proc Cd	99215GYH9TD
Proc Cd	99215GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99215GYTD

Published Proc Cd	99215GYTD
Proc Cd	99215GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt RN, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99215H9

Published Proc Cd	99215H9
Proc Cd	99215H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically spends 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99215H9TD

Published Proc Cd	99215H9TD
Proc Cd	99215H9TD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99215H9UD

Published Proc Cd	99215H9UD
Proc Cd	99215H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. Pharm D typically spends 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 40min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99215HETD

Published Proc Cd	99215HETD
Proc Cd	99215HETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 40 minutes
Proc Short Desc	Sup RN, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SERVICE_LOCATION_CD

Allowed Values	SF

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99215UD

Published Proc Cd	99215UD
Proc Cd	99215UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. Pharm D typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99241

Published Proc Cd	99241
Proc Cd	99241
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99241ET

Published Proc Cd	99241ET
Proc Cd	99241ET
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99241ETGYH9TD

Published Proc Cd	99241ETGYH9TD
Proc Cd	99241ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, OCR, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99241ETGYTD

Published Proc Cd	99241ETGYTD
Proc Cd	99241ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99241ETH9

Published Proc Cd	99241ETH9
Proc Cd	99241ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99241ETH9TD

Published Proc Cd	99241ETH9TD
Proc Cd	99241ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99241ETH9UD

Published Proc Cd	99241ETH9UD
Proc Cd	99241ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99241ETHETD

Published Proc Cd	99241ETHETD
Proc Cd	99241ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 15 minutes
Proc Short Desc	Sup RN, crisis, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99241ETUD

Published Proc Cd	99241ETUD
Proc Cd	99241ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99241GYH9TD

Published Proc Cd	99241GYH9TD
Proc Cd	99241GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM RN, OCR, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99241GYTD

Published Proc Cd	99241GYTD
Proc Cd	99241GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM RN, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99241H9

Published Proc Cd	99241H9
Proc Cd	99241H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99241H9TD

Published Proc Cd	99241H9TD
Proc Cd	99241H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99241H9UD

Published Proc Cd	99241H9UD
Proc Cd	99241H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 15min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99241HETD

Published Proc Cd	99241HETD
Proc Cd	99241HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 15 minutes
Proc Short Desc	Sup RN, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99241UD

Published Proc Cd	99241UD
Proc Cd	99241UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99242

Published Proc Cd	99242
Proc Cd	99242
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99242ET

Published Proc Cd	99242ET
Proc Cd	99242ET
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99242ETGYH9TD

Published Proc Cd	99242ETGYH9TD
Proc Cd	99242ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99242ETGYTD

Published Proc Cd	99242ETGYTD
Proc Cd	99242ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99242ETH9

Published Proc Cd	99242ETH9
Proc Cd	99242ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99242ETH9TD

Published Proc Cd	99242ETH9TD
Proc Cd	99242ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99242ETH9UD

Published Proc Cd	99242ETH9UD
Proc Cd	99242ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99242ETHETD

Published Proc Cd	99242ETHETD
Proc Cd	99242ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 30 minutes
Proc Short Desc	Sup RN, crisis, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99242ETUD

Published Proc Cd	99242ETUD
Proc Cd	99242ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99242GYH9TD

Published Proc Cd	99242GYH9TD
Proc Cd	99242GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM RN, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99242GYTD

Published Proc Cd	99242GYTD
Proc Cd	99242GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM RN, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99242H9

Published Proc Cd	99242H9
Proc Cd	99242H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99242H9TD

Published Proc Cd	99242H9TD
Proc Cd	99242H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99242H9UD

Published Proc Cd	99242H9UD
Proc Cd	99242H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99242HETD

Published Proc Cd	99242HETD
Proc Cd	99242HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 30 minutes
Proc Short Desc	Sup RN, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99242UD

Published Proc Cd	99242UD
Proc Cd	99242UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243

Published Proc Cd	99243
Proc Cd	99243
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243ET

Published Proc Cd	99243ET
Proc Cd	99243ET
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99243ETGYH9TD

Published Proc Cd	99243ETGYH9TD
Proc Cd	99243ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, OCR, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243ETGYTD

Published Proc Cd	99243ETGYTD
Proc Cd	99243ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243ETH9

Published Proc Cd	99243ETH9
Proc Cd	99243ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99243ETH9TD

Published Proc Cd	99243ETH9TD
Proc Cd	99243ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243ETH9UD

Published Proc Cd	99243ETH9UD
Proc Cd	99243ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243ETHETD

Published Proc Cd	99243ETHETD
Proc Cd	99243ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 40 minutes
Proc Short Desc	Sup RN, crisis, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243ETUD

Published Proc Cd	99243ETUD
Proc Cd	99243ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99243GYH9TD

Published Proc Cd	99243GYH9TD
Proc Cd	99243GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM RN, OCR, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99243GYTD

Published Proc Cd	99243GYTD
Proc Cd	99243GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM RN, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243H9

Published Proc Cd	99243H9
Proc Cd	99243H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99243H9TD

Published Proc Cd	99243H9TD
Proc Cd	99243H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243H9UD

Published Proc Cd	99243H9UD
Proc Cd	99243H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 40min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99243HETD

Published Proc Cd	99243HETD
Proc Cd	99243HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 40 minutes
Proc Short Desc	Sup RN, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99243UD

Published Proc Cd	99243UD
Proc Cd	99243UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99244

Published Proc Cd	99244
Proc Cd	99244
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99244ET

Published Proc Cd	99244ET
Proc Cd	99244ET
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99244ETGYH9TD

Published Proc Cd	99244ETGYH9TD
Proc Cd	99244ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 60minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99244ETGYTD

Published Proc Cd	99244ETGYTD
Proc Cd	99244ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99244ETH9

Published Proc Cd	99244ETH9
Proc Cd	99244ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99244ETH9TD

Published Proc Cd	99244ETH9TD
Proc Cd	99244ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99244ETH9UD

Published Proc Cd	99244ETH9UD
Proc Cd	99244ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99244ETHETD

Published Proc Cd	99244ETHETD
Proc Cd	99244ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes
Proc Short Desc	Sup RN, crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99244ETUD

Published Proc Cd	99244ETUD
Proc Cd	99244ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99244GYH9TD

Published Proc Cd	99244GYH9TD
Proc Cd	99244GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99244GYTD

Published Proc Cd	99244GYTD
Proc Cd	99244GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99244H9

Published Proc Cd	99244H9
Proc Cd	99244H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99244H9TD

Published Proc Cd	99244H9TD
Proc Cd	99244H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99244H9UD

Published Proc Cd	99244H9UD
Proc Cd	99244H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99244HETD

Published Proc Cd	99244HETD
Proc Cd	99244HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 60 minutes
Proc Short Desc	Sup RN, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99244UD

Published Proc Cd	99244UD
Proc Cd	99244UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99245

Published Proc Cd	99245
Proc Cd	99245
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM, 80min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99245ET

Published Proc Cd	99245ET
Proc Cd	99245ET
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 80min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99245ETGYH9TD

Published Proc Cd	99245ETGYH9TD
Proc Cd	99245ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, OCR, 80 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99245ETGYTD

Published Proc Cd	99245ETGYTD
Proc Cd	99245ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, RN, 80 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99245ETH9

Published Proc Cd	99245ETH9
Proc Cd	99245ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 80 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 80min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99245ETH9TD

Published Proc Cd	99245ETH9TD
Proc Cd	99245ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 80 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 80min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99245ETH9UD

Published Proc Cd	99245ETH9UD
Proc Cd	99245ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 80 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 80min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99245ETHETD

Published Proc Cd	99245ETHETD
Proc Cd	99245ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 80 minutes
Proc Short Desc	Sup RN, crisis, 80min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99245ETUD

Published Proc Cd	99245ETUD
Proc Cd	99245ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 80min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99245GYH9TD

Published Proc Cd	99245GYH9TD
Proc Cd	99245GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Outpatient Competency Restoration Program, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM RN, OCR, 80 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99245GYTD

Published Proc Cd	99245GYTD
Proc Cd	99245GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM RN, 80 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99245H9

Published Proc Cd	99245H9
Proc Cd	99245H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD. Usually, the presenting problem (s) are minimal. Typically 80 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 80min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99245H9TD

Published Proc Cd	99245H9TD
Proc Cd	99245H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 80 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 80min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99245H9UD

Published Proc Cd	99245H9UD
Proc Cd	99245H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 80 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 80min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99245HETD

Published Proc Cd	99245HETD
Proc Cd	99245HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 80 minutes
Proc Short Desc	Sup RN, 80min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99245UD

Published Proc Cd	99245UD
Proc Cd	99245UD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM, 80min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341

Published Proc Cd	99341
Proc Cd	99341
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 20min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99341
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341ET

Published Proc Cd	99341ET
Proc Cd	99341ET
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 20min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99341
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341ETGYH9TD

Published Proc Cd	99341ETGYH9TD
Proc Cd	99341ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient home Competency Restoration Program, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341ETGYTD

Published Proc Cd	99341ETGYTD
Proc Cd	99341ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341ETH9

Published Proc Cd	99341ETH9
Proc Cd	99341ETH9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 20min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99341
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341ETH9TD

Published Proc Cd	99341ETH9TD
Proc Cd	99341ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 20 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 20min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341ETH9UD

Published Proc Cd	99341ETH9UD
Proc Cd	99341ETH9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341ETHETD

Published Proc Cd	99341ETHETD
Proc Cd	99341ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 20 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 20min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341ETUD

Published Proc Cd	99341ETUD
Proc Cd	99341ETUD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99341GYH9TD

Published Proc Cd	99341GYH9TD
Proc Cd	99341GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient home Competency Restoration Program, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, OCR, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99341GYTD

Published Proc Cd	99341GYTD
Proc Cd	99341GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341H9

Published Proc Cd	99341H9
Proc Cd	99341H9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 20min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99341
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99341H9TD

Published Proc Cd	99341H9TD
Proc Cd	99341H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 20 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, 20min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341H9UD

Published Proc Cd	99341H9UD
Proc Cd	99341H9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 20 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 20min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341HETD

Published Proc Cd	99341HETD
Proc Cd	99341HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 20 minutes, Home Services
Proc Short Desc	Sup RN, 20min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99341UD

Published Proc Cd	99341UD
Proc Cd	99341UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 20min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342

Published Proc Cd	99342
Proc Cd	99342
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99342
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342ET

Published Proc Cd	99342ET
Proc Cd	99342ET
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99342
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99342ETGYH9TD

Published Proc Cd	99342ETGYH9TD
Proc Cd	99342ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient home Competency Restoration Program, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342ETGYTD

Published Proc Cd	99342ETGYTD
Proc Cd	99342ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342ETH9

Published Proc Cd	99342ETH9
Proc Cd	99342ETH9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99342
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99342ETH9TD

Published Proc Cd	99342ETH9TD
Proc Cd	99342ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 30 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342ETH9UD

Published Proc Cd	99342ETH9UD
Proc Cd	99342ETH9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99342ETHETD

Published Proc Cd	99342ETHETD
Proc Cd	99342ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 30 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342ETUD

Published Proc Cd	99342ETUD
Proc Cd	99342ETUD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99342GYH9TD

Published Proc Cd	99342GYH9TD
Proc Cd	99342GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient home Competency Restoration Program, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

AMH

99342GYTD

Published Proc Cd	99342GYTD
Proc Cd	99342GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342H9

Published Proc Cd	99342H9
Proc Cd	99342H9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99342
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99342H9TD

Published Proc Cd	99342H9TD
Proc Cd	99342H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 30 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342H9UD

Published Proc Cd	99342H9UD
Proc Cd	99342H9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 30 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342HETD

Published Proc Cd	99342HETD
Proc Cd	99342HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 30 minutes, Home Services
Proc Short Desc	Sup RN, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99342UD

Published Proc Cd	99342UD
Proc Cd	99342UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343

Published Proc Cd	99343
Proc Cd	99343
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 45min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99343
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343ET

Published Proc Cd	99343ET
Proc Cd	99343ET
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 45min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99343
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343ETGYH9TD

Published Proc Cd	99343ETGYH9TD
Proc Cd	99343ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient home Competency Restoration Program, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343ETGYTD

Published Proc Cd	99343ETGYTD
Proc Cd	99343ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343ETH9

Published Proc Cd	99343ETH9
Proc Cd	99343ETH9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 45min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99343
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343ETH9TD

Published Proc Cd	99343ETH9TD
Proc Cd	99343ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 45 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 45min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343ETH9UD

Published Proc Cd	99343ETH9UD
Proc Cd	99343ETH9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99343ETHETD

Published Proc Cd	99343ETHETD
Proc Cd	99343ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 45 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 45min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343ETUD

Published Proc Cd	99343ETUD
Proc Cd	99343ETUD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343GYH9TD

Published Proc Cd	99343GYH9TD
Proc Cd	99343GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient home Competency Restoration Program, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, OCR, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343GYTD

Published Proc Cd	99343GYTD
Proc Cd	99343GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343H9

Published Proc Cd	99343H9
Proc Cd	99343H9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 45min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99343
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99343H9TD

Published Proc Cd	99343H9TD
Proc Cd	99343H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 45 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, 45min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343H9UD

Published Proc Cd	99343H9UD
Proc Cd	99343H9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 45 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 45min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343HETD

Published Proc Cd	99343HETD
Proc Cd	99343HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 45 minutes, Home Services
Proc Short Desc	Sup RN, 45min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99343UD

Published Proc Cd	99343UD
Proc Cd	99343UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 45min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344

Published Proc Cd	99344
Proc Cd	99344
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99344
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344ET

Published Proc Cd	99344ET
Proc Cd	99344ET
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99344
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344ETGYH9TD

Published Proc Cd	99344ETGYH9TD
Proc Cd	99344ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient home Competency Restoration Program, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344ETGYTD

Published Proc Cd	99344ETGYTD
Proc Cd	99344ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344ETH9

Published Proc Cd	99344ETH9
Proc Cd	99344ETH9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99344
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344ETH9TD

Published Proc Cd	99344ETH9TD
Proc Cd	99344ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344ETH9UD

Published Proc Cd	99344ETH9UD
Proc Cd	99344ETH9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99344ETHETD

Published Proc Cd	99344ETHETD
Proc Cd	99344ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344ETUD

Published Proc Cd	99344ETUD
Proc Cd	99344ETUD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99344GYH9TD

Published Proc Cd	99344GYH9TD
Proc Cd	99344GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient home Competency Restoration Program, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99344GYTD

Published Proc Cd	99344GYTD
Proc Cd	99344GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344H9

Published Proc Cd	99344H9
Proc Cd	99344H9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99344
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99344H9TD

Published Proc Cd	99344H9TD
Proc Cd	99344H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344H9UD

Published Proc Cd	99344H9UD
Proc Cd	99344H9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344HETD

Published Proc Cd	99344HETD
Proc Cd	99344HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 60 minutes, Home Services
Proc Short Desc	Sup RN, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99344UD

Published Proc Cd	99344UD
Proc Cd	99344UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345

Published Proc Cd	99345
Proc Cd	99345
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 75min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99345
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345ET

Published Proc Cd	99345ET
Proc Cd	99345ET
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 75min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99345
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99345ETGYH9TD

Published Proc Cd	99345ETGYH9TD
Proc Cd	99345ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient home Competency Restoration Program, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 75 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99345ETGYTD

Published Proc Cd	99345ETGYTD
Proc Cd	99345ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, 75 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345ETH9

Published Proc Cd	99345ETH9
Proc Cd	99345ETH9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 75min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99345
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345ETH9TD

Published Proc Cd	99345ETH9TD
Proc Cd	99345ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 75 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 75min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345ETH9UD

Published Proc Cd	99345ETH9UD
Proc Cd	99345ETH9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 75min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99345ETHETD

Published Proc Cd	99345ETHETD
Proc Cd	99345ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 75 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 75min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345ETUD

Published Proc Cd	99345ETUD
Proc Cd	99345ETUD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 75min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99345GYH9TD

Published Proc Cd	99345GYH9TD
Proc Cd	99345GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient home Competency Restoration Program, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, OCR, 75 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99345GYTD

Published Proc Cd	99345GYTD
Proc Cd	99345GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, 75 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345H9

Published Proc Cd	99345H9
Proc Cd	99345H9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 75min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99345
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99345H9TD

Published Proc Cd	99345H9TD
Proc Cd	99345H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 75 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, 75min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345H9UD

Published Proc Cd	99345H9UD
Proc Cd	99345H9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 75 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 75min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345HETD

Published Proc Cd	99345HETD
Proc Cd	99345HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 75 minutes, Home Services
Proc Short Desc	Sup RN, 75min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99345UD

Published Proc Cd	99345UD
Proc Cd	99345UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 75min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99347

Published Proc Cd	99347
Proc Cd	99347
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99347
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99347ET

Published Proc Cd	99347ET
Proc Cd	99347ET
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99347
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99347ETGYH9TD

Published Proc Cd	99347ETGYH9TD
Proc Cd	99347ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient home Competency Restoration Program, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99347ETGYTD

Published Proc Cd	99347ETGYTD
Proc Cd	99347ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, RN, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99347ETH9

Published Proc Cd	99347ETH9
Proc Cd	99347ETH9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99347
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99347ETH9TD

Published Proc Cd	99347ETH9TD
Proc Cd	99347ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 15 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99347ETH9UD

Published Proc Cd	99347ETH9UD
Proc Cd	99347ETH9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99347ETHETD

Published Proc Cd	99347ETHETD
Proc Cd	99347ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 15 minutes, Home Services, Established Client
Proc Short Desc	Sup RN, crisis, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99347ETUD

Published Proc Cd	99347ETUD
Proc Cd	99347ETUD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99347GYH9TD

Published Proc Cd	99347GYH9TD
Proc Cd	99347GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient home Competency Restoration Program, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt RN, OCR, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99347GYTD

Published Proc Cd	99347GYTD
Proc Cd	99347GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt RN, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99347H9

Published Proc Cd	99347H9
Proc Cd	99347H9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99347
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99347H9TD

Published Proc Cd	99347H9TD
Proc Cd	99347H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 15 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, 15min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99347H9UD

Published Proc Cd	99347H9UD
Proc Cd	99347H9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 15 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 15min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99347HETD

Published Proc Cd	99347HETD
Proc Cd	99347HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 15 minutes, Home Services, Established Client
Proc Short Desc	Sup RN, 15min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99347UD

Published Proc Cd	99347UD
Proc Cd	99347UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 15min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99348

Published Proc Cd	99348
Proc Cd	99348
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 25min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99348
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348ET

Published Proc Cd	99348ET
Proc Cd	99348ET
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 25min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99348
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348ETGYH9TD

Published Proc Cd	99348ETGYH9TD
Proc Cd	99348ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient home Competency Restoration Program, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348ETGYTD

Published Proc Cd	99348ETGYTD
Proc Cd	99348ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, RN, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348ETH9

Published Proc Cd	99348ETH9
Proc Cd	99348ETH9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 25min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99348
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348ETH9TD

Published Proc Cd	99348ETH9TD
Proc Cd	99348ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 25 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 25min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348ETH9UD

Published Proc Cd	99348ETH9UD
Proc Cd	99348ETH9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348ETHETD

Published Proc Cd	99348ETHETD
Proc Cd	99348ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 25 minutes, Home Services, Established Client
Proc Short Desc	Sup RN, crisis, 25min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99348ETUD

Published Proc Cd	99348ETUD
Proc Cd	99348ETUD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348GYH9TD

Published Proc Cd	99348GYH9TD
Proc Cd	99348GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient home Competency Restoration Program, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt RN, OCR, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348GYTD

Published Proc Cd	99348GYTD
Proc Cd	99348GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt RN, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99348H9

Published Proc Cd	99348H9
Proc Cd	99348H9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 25min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99348
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348H9TD

Published Proc Cd	99348H9TD
Proc Cd	99348H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 25 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, 25min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99348H9UD

Published Proc Cd	99348H9UD
Proc Cd	99348H9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 25 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 25min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99348HETD

Published Proc Cd	99348HETD
Proc Cd	99348HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 25 minutes, Home Services, Established Client
Proc Short Desc	Sup RN, 25min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99348UD

Published Proc Cd	99348UD
Proc Cd	99348UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 25min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99349

Published Proc Cd	99349
Proc Cd	99349
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99349
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349ET

Published Proc Cd	99349ET
Proc Cd	99349ET
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99349
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349ETGYH9TD

Published Proc Cd	99349ETGYH9TD
Proc Cd	99349ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient home Competency Restoration Program, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349ETGYTD

Published Proc Cd	99349ETGYTD
Proc Cd	99349ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, RN, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349ETH9

Published Proc Cd	99349ETH9
Proc Cd	99349ETH9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99349
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349ETH9TD

Published Proc Cd	99349ETH9TD
Proc Cd	99349ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 40 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349ETH9UD

Published Proc Cd	99349ETH9UD
Proc Cd	99349ETH9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99349ETHETD

Published Proc Cd	99349ETHETD
Proc Cd	99349ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 40 minutes, Home Services, Established Client
Proc Short Desc	Sup RN, crisis, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349ETUD

Published Proc Cd	99349ETUD
Proc Cd	99349ETUD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99349GYH9TD

Published Proc Cd	99349GYH9TD
Proc Cd	99349GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient home Competency Restoration Program, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt RN, OCR, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349GYTD

Published Proc Cd	99349GYTD
Proc Cd	99349GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt RN, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99349H9

Published Proc Cd	99349H9
Proc Cd	99349H9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99349
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349H9TD

Published Proc Cd	99349H9TD
Proc Cd	99349H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 40 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, 40min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99349H9UD

Published Proc Cd	99349H9UD
Proc Cd	99349H9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 40 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 40min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99349HETD

Published Proc Cd	99349HETD
Proc Cd	99349HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 40 minutes, Home Services, Established Client
Proc Short Desc	Sup RN, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99349UD

Published Proc Cd	99349UD
Proc Cd	99349UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 40min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99350

Published Proc Cd	99350
Proc Cd	99350
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99350
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99350ET

Published Proc Cd	99350ET
Proc Cd	99350ET
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99350
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99350ETGYH9TD

Published Proc Cd	99350ETGYH9TD
Proc Cd	99350ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient home Competency Restoration Program, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99350ETGYTD

Published Proc Cd	99350ETGYTD
Proc Cd	99350ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99350ETH9

Published Proc Cd	99350ETH9
Proc Cd	99350ETH9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99350
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99350ETH9TD

Published Proc Cd	99350ETH9TD
Proc Cd	99350ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99350ETH9UD

Published Proc Cd	99350ETH9UD
Proc Cd	99350ETH9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99350ETHETD

Published Proc Cd	99350ETHETD
Proc Cd	99350ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services, Established Client
Proc Short Desc	Sup RN, crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99350ETUD

Published Proc Cd	99350ETUD
Proc Cd	99350ETUD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99350GYH9TD

Published Proc Cd	99350GYH9TD
Proc Cd	99350GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient home Competency Restoration Program, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

AMH

99350GYTD

Published Proc Cd	99350GYTD
Proc Cd	99350GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99350H9

Published Proc Cd	99350H9
Proc Cd	99350H9
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99350
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99350H9TD

Published Proc Cd	99350H9TD
Proc Cd	99350H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 60 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup RN, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99350H9UD

Published Proc Cd	99350H9UD
Proc Cd	99350H9UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99350HETD

Published Proc Cd	99350HETD
Proc Cd	99350HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 60 minutes, Home Services, Established Client
Proc Short Desc	Sup RN, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99350UD

Published Proc Cd	99350UD
Proc Cd	99350UD
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354

Published Proc Cd	99354
Proc Cd	99354
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354ET

Published Proc Cd	99354ET
Proc Cd	99354ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354ETGYH9TD

Published Proc Cd	99354ETGYH9TD
Proc Cd	99354ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient Competency Restoration Program, Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354ETGYTD

Published Proc Cd	99354ETGYTD
Proc Cd	99354ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354ETH9

Published Proc Cd	99354ETH9
Proc Cd	99354ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354ETH9TD

Published Proc Cd	99354ETH9TD
Proc Cd	99354ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes, outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354ETH9UD

Published Proc Cd	99354ETH9UD
Proc Cd	99354ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354ETHETD

Published Proc Cd	99354ETHETD
Proc Cd	99354ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Sup RN, crisis, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354ETUD

Published Proc Cd	99354ETUD
Proc Cd	99354ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354GYH9TD

Published Proc Cd	99354GYH9TD
Proc Cd	99354GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient Competency Restoration Program, Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99354GYTD

Published Proc Cd	99354GYTD
Proc Cd	99354GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Pharm Mgmt RN, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354H9

Published Proc Cd	99354H9
Proc Cd	99354H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99354H9TD

Published Proc Cd	99354H9TD
Proc Cd	99354H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes, outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 60min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354H9UD

Published Proc Cd	99354H9UD
Proc Cd	99354H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99354HETD

Published Proc Cd	99354HETD
Proc Cd	99354HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Sup RN, 60min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99354UD

Published Proc Cd	99354UD
Proc Cd	99354UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal Pharmacological Management, outpatient evaluation and management. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355

Published Proc Cd	99355
Proc Cd	99355
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355ET

Published Proc Cd	99355ET
Proc Cd	99355ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355ETGYH9TD

Published Proc Cd	99355ETGYH9TD
Proc Cd	99355ETGYH9TD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, outpatient Competency Restoration Program, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99355ETGYTD

Published Proc Cd	99355ETGYTD
Proc Cd	99355ETGYTD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD visit, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99355ETH9

Published Proc Cd	99355ETH9
Proc Cd	99355ETH9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355ETH9TD

Published Proc Cd	99355ETH9TD
Proc Cd	99355ETH9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes, outpatient Competency Restoration Program
Proc Short Desc	Sup RN, crisis, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355ETH9UD

Published Proc Cd	99355ETH9UD
Proc Cd	99355ETH9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355ETHETD

Published Proc Cd	99355ETHETD
Proc Cd	99355ETHETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, in response to a MH crisis, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Sup RN, crisis, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99355ETUD

Published Proc Cd	99355ETUD
Proc Cd	99355ETUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, that may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355GYH9TD

Published Proc Cd	99355GYH9TD
Proc Cd	99355GYH9TD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, outpatient Competency Restoration Program, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Pharm Mgmt RN, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355GYTD

Published Proc Cd	99355GYTD
Proc Cd	99355GYTD
Proc Desc	Pharmacological Management by RN, incidental to MD visit, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Pharm Mgmt RN, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355H9

Published Proc Cd	99355H9
Proc Cd	99355H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	H	I	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355H9TD

Published Proc Cd	99355H9TD
Proc Cd	99355H9TD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes, outpatient Competency Restoration Program
Proc Short Desc	Sup RN, 30min, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

AMH

99355H9UD

Published Proc Cd	99355H9UD
Proc Cd	99355H9UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355HETD

Published Proc Cd	99355HETD
Proc Cd	99355HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Sup RN, 30min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

AMH

99355UD

Published Proc Cd	99355UD
Proc Cd	99355UD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

90833HA

Published Proc Cd	90833HA
Proc Cd	90833HA
Proc Desc	Psychotherapy add-on 16-37 minutes, MD
Proc Short Desc	Psychotherapy add-on, 16-37 min, MD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	90833
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

90836HA

Published Proc Cd	90836HA
Proc Cd	90836HA
Proc Desc	Psychotherapy add-on 38-52 minutes, MD
Proc Short Desc	Psychotherapy add-on, 38-52 min, MD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	90836
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

90838HA

Published Proc Cd	90838HA
Proc Cd	90838HA
Proc Desc	Psychotherapy add-on 53+ minutes, MD
Proc Short Desc	Psychotherapy add-on, 53+ min, MD
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	90838
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	E	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99201ETGYHATD

Published Proc Cd	99201ETGYHATD
Proc Cd	99201ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99201ETHA

Published Proc Cd	99201ET
Proc Cd	99201ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 10min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99201
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99201ETHAHETD

Published Proc Cd	99201ETHAHETD
Proc Cd	99201ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 10 minutes
Proc Short Desc	Sup RN, crisis, 10min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99201ETHAUD

Published Proc Cd	99201ETHAUD
Proc Cd	99201ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99201GYHATD

Published Proc Cd	99201GYHATD
Proc Cd	99201GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99201HA

Published Proc Cd	99201
Proc Cd	99201HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99201
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T	U

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99201HAHETD

Published Proc Cd	99201HAHETD
Proc Cd	99201HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 10 minutes
Proc Short Desc	Sup RN, 10min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99201HAUD

Published Proc Cd	99201HAUD
Proc Cd	99201HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99202ETGYHATD

Published Proc Cd	99202ETGYHATD
Proc Cd	99202ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99202ETHA

Published Proc Cd	99202ET
Proc Cd	99202ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 20 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 20min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99202
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99202ETHAHETD

Published Proc Cd	99202ETHAHETD
Proc Cd	99202ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 20 minutes
Proc Short Desc	Sup RN, crisis, 20min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99202ETHAUD

Published Proc Cd	99202ETHAUD
Proc Cd	99202ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 20 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99202GYHATD

Published Proc Cd	99202GYHATD
Proc Cd	99202GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 20 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99202HA

Published Proc Cd	99202
Proc Cd	99202HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 20 minutes
Proc Short Desc	Pharm Mgmt EM, 20min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99202
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99202HAHETD

Published Proc Cd	99202HAHETD
Proc Cd	99202HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 20 minutes
Proc Short Desc	Sup RN, 20min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99202HAUD

Published Proc Cd	99202HAUD
Proc Cd	99202HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 20 minutes
Proc Short Desc	Pharm Mgmt EM, 20min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

CMH

99203ETGYHATD

Published Proc Cd	99203ETGYHATD
Proc Cd	99203ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99203ETHA

Published Proc Cd	99203ET
Proc Cd	99203ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99203
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99203ETHAHETD

Published Proc Cd	99203ETHAHETD
Proc Cd	99203ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 30 minutes
Proc Short Desc	Sup RN, crisis, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99203ETHAUD

Published Proc Cd	99203ETHAUD
Proc Cd	99203ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99203GYHATD

Published Proc Cd	99203GYHATD
Proc Cd	99203GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99203HA

Published Proc Cd	99203
Proc Cd	99203HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99203
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99203HAHETD

Published Proc Cd	99203HAHETD
Proc Cd	99203HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 30 minutes
Proc Short Desc	Sup RN, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99203HAUD

Published Proc Cd	99203HAUD
Proc Cd	99203HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99204ETGYHATD

Published Proc Cd	99204ETGYHATD
Proc Cd	99204ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99204ETHA

Published Proc Cd	99204ET
Proc Cd	99204ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 45 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 45min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99204
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99204ETHAHETD

Published Proc Cd	99204ETHAHETD
Proc Cd	99204ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 45 minutes
Proc Short Desc	Sup RN, crisis, 45min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99204ETHAUD

Published Proc Cd	99204ETHAUD
Proc Cd	99204ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 45 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99204GYHATD

Published Proc Cd	99204GYHATD
Proc Cd	99204GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 45 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99204HA

Published Proc Cd	99204
Proc Cd	99204HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 45 minutes
Proc Short Desc	Pharm Mgmt EM, 45min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99204
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99204HAHETD

Published Proc Cd	99204HAHETD
Proc Cd	99204HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 45 minutes
Proc Short Desc	Sup RN, 45min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99204HAUD

Published Proc Cd	99204HAUD
Proc Cd	99204HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 45 minutes
Proc Short Desc	Pharm Mgmt EM, 45min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99205ETGYHATD

Published Proc Cd	99205ETGYHATD
Proc Cd	99205ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99205ETHA

Published Proc Cd	99205ET
Proc Cd	99205ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99205
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99205ETHAHETD

Published Proc Cd	99205ETHAHETD
Proc Cd	99205ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes
Proc Short Desc	Sup RN, crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99205ETHAUD

Published Proc Cd	99205ETHAUD
Proc Cd	99205ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99205GYHATD

Published Proc Cd	99205GYHATD
Proc Cd	99205GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99205HA

Published Proc Cd	99205
Proc Cd	99205HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99205
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99205HAHETD

Published Proc Cd	99205HAHETD
Proc Cd	99205HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 60 minutes
Proc Short Desc	Sup RN, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99205HAUD

Published Proc Cd	99205HAUD
Proc Cd	99205HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99211ETGYHATD

Published Proc Cd	99211ETGYHATD
Proc Cd	99211ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 5 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 5 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99211ETHA

Published Proc Cd	99211ET
Proc Cd	99211ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 5 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 5min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99211
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99211ETHAHETD

Published Proc Cd	99211ETHAHETD
Proc Cd	99211ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 5 minutes
Proc Short Desc	Sup RN, crisis, 5min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99211ETHAUD

Published Proc Cd	99211ETHAUD
Proc Cd	99211ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 5 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 5min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99211GYHATD

Published Proc Cd	99211GYHATD
Proc Cd	99211GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 5 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 5 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99211HA

Published Proc Cd	99211
Proc Cd	99211HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 5 minutes
Proc Short Desc	Pharm Mgmt EM, 5min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99211
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	U

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99211HAHETD

Published Proc Cd	99211HAHETD
Proc Cd	99211HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 5 minutes
Proc Short Desc	Sup RN, 5min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99211HAUD

Published Proc Cd	99211HAUD
Proc Cd	99211HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 5 minutes
Proc Short Desc	Pharm Mgmt EM, 5min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99212ETGYHATD

Published Proc Cd	99212ETGYHATD
Proc Cd	99212ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99212ETHA

Published Proc Cd	99212ET
Proc Cd	99212ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 10min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99212
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99212ETHAHETD

Published Proc Cd	99212ETHAHETD
Proc Cd	99212ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 10 minutes
Proc Short Desc	Sup RN, crisis, 10min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99212ETHAUD

Published Proc Cd	99212ETHAUD
Proc Cd	99212ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis, provided by Pharm D. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99212GYHATD

Published Proc Cd	99212GYHATD
Proc Cd	99212GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99212HA

Published Proc Cd	99212
Proc Cd	99212HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99212
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99212HAHETD

Published Proc Cd	99212HAHETD
Proc Cd	99212HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 10 minutes
Proc Short Desc	Sup RN, 10min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99212HAUD

Published Proc Cd	99212HAUD
Proc Cd	99212HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, provided by Pharm D. Typically 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99213ETGYHATD

Published Proc Cd	99213ETGYHATD
Proc Cd	99213ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99213ETHA

Published Proc Cd	99213ET
Proc Cd	99213ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis. MD typically spends 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min, MD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99213
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99213ETHAHETD

Published Proc Cd	99213ETHAHETD
Proc Cd	99213ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 15 minutes
Proc Short Desc	Sup RN, crisis, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99213ETHAUD

Published Proc Cd	99213ETHAUD
Proc Cd	99213ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis, provided by Pharm D. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99213GYHATD

Published Proc Cd	99213GYHATD
Proc Cd	99213GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99213HA

Published Proc Cd	99213
Proc Cd	99213HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99213
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	U

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99213HAHETD

Published Proc Cd	99213HAHETD
Proc Cd	99213HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 15 minutes
Proc Short Desc	Sup RN, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99213HAUD

Published Proc Cd	99213HAUD
Proc Cd	99213HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, provided by Pharm D. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99214ETGYHATD

Published Proc Cd	99214ETGYHATD
Proc Cd	99214ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 25 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99214ETHA

Published Proc Cd	99214ET
Proc Cd	99214ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis. MD typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 25min, MD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99214
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99214ETHAHETD

Published Proc Cd	99214ETHAHETD
Proc Cd	99214ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 25 minutes
Proc Short Desc	Sup RN, crisis, 25min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99214ETHAUD

Published Proc Cd	99214ETHAUD
Proc Cd	99214ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis, provided by Pharm D. Typically 25 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99214GYHATD

Published Proc Cd	99214GYHATD
Proc Cd	99214GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 25 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99214HA

Published Proc Cd	99214
Proc Cd	99214HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. Typically 25 minutes
Proc Short Desc	Pharm Mgmt EM, 25min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99214
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99214HAHETD

Published Proc Cd	99214HAHETD
Proc Cd	99214HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 25 minutes
Proc Short Desc	Sup RN, 25min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99214HAUD

Published Proc Cd	99214HAUD
Proc Cd	99214HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, provided by Pharm D. Typically 25 minutes
Proc Short Desc	Pharm Mgmt EM, 25min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99215ETGYHATD

Published Proc Cd	99215ETGYHATD
Proc Cd	99215ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99215ETHA

Published Proc Cd	99215ET
Proc Cd	99215ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis. MD typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, MD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99215
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99215ETHAHETD

Published Proc Cd	99215ETHAHETD
Proc Cd	99215ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 40 minutes
Proc Short Desc	Sup RN, crisis, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99215ETHAUD

Published Proc Cd	99215ETHAUD
Proc Cd	99215ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis, provided by Pharm D. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

CMH

99215GYHATD

Published Proc Cd	99215GYHATD
Proc Cd	99215GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99215HA

Published Proc Cd	99215
Proc Cd	99215HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99215
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99215HAHETD

Published Proc Cd	99215HAHETD
Proc Cd	99215HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 40 minutes
Proc Short Desc	Sup RN, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99215HAUD

Published Proc Cd	99215HAUD
Proc Cd	99215HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, provided by Pharm D. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99241ETGYHATD

Published Proc Cd	99241ETGYHATD
Proc Cd	99241ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99241ETHA

Published Proc Cd	99241ET
Proc Cd	99241ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99241
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99241ETHAHETD

Published Proc Cd	99241ETHAHETD
Proc Cd	99241ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 15 minutes
Proc Short Desc	Sup RN, crisis, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99241ETHAUD

Published Proc Cd	99241ETHAUD
Proc Cd	99241ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99241GYHATD

Published Proc Cd	99241GYHATD
Proc Cd	99241GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99241HA

Published Proc Cd	99241
Proc Cd	99241HA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99241
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99241HAHETD

Published Proc Cd	99241HAHETD
Proc Cd	99241HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 15 minutes
Proc Short Desc	Sup RN, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99241HAUD

Published Proc Cd	99241HAUD
Proc Cd	99241HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99242ETGYHATD

Published Proc Cd	99242ETGYHATD
Proc Cd	99242ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99242ETHA

Published Proc Cd	99242ET
Proc Cd	99242ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99242
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99242ETHAHETD

Published Proc Cd	99242ETHAHETD
Proc Cd	99242ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 30 minutes
Proc Short Desc	Sup RN, crisis, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99242ETHAUD

Published Proc Cd	99242ETHAUD
Proc Cd	99242ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99242GYHATD

Published Proc Cd	99242GYHATD
Proc Cd	99242GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99242HA

Published Proc Cd	99242
Proc Cd	99242HA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99242
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99242HAHETD

Published Proc Cd	99242HAHETD
Proc Cd	99242HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 30 minutes
Proc Short Desc	Sup RN, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99242HAUD

Published Proc Cd	99242HAUD
Proc Cd	99242HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

CMH

99243ETGYHATD

Published Proc Cd	99243ETGYHATD
Proc Cd	99243ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99243ETHA

Published Proc Cd	99243ET
Proc Cd	99243ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99243
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99243ETHAHETD

Published Proc Cd	99243ETHAHETD
Proc Cd	99243ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 40 minutes
Proc Short Desc	Sup RN, crisis, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99243ETHAUD

Published Proc Cd	99243ETHAUD
Proc Cd	99243ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

CMH

99243GYHATD

Published Proc Cd	99243GYHATD
Proc Cd	99243GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99243HA

Published Proc Cd	99243
Proc Cd	99243HA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99243
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99243HAHETD

Published Proc Cd	99243HAHETD
Proc Cd	99243HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 40 minutes
Proc Short Desc	Sup RN, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99243HAUD

Published Proc Cd	99243HAUD
Proc Cd	99243HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99244ETGYHATD

Published Proc Cd	99244ETGYHATD
Proc Cd	99244ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99244ETHA

Published Proc Cd	99244ET
Proc Cd	99244ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99244
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99244ETHAHETD

Published Proc Cd	99244ETHAHETD
Proc Cd	99244ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes
Proc Short Desc	Sup RN, crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99244ETHAUD

Published Proc Cd	99244ETHAUD
Proc Cd	99244ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99244GYHATD

Published Proc Cd	99244GYHATD
Proc Cd	99244GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99244HA

Published Proc Cd	99244
Proc Cd	99244HA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99244
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99244HAHETD

Published Proc Cd	99244HAHETD
Proc Cd	99244HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 60 minutes
Proc Short Desc	Sup RN, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99244HAUD

Published Proc Cd	99244HAUD
Proc Cd	99244HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99245ETGYHATD

Published Proc Cd	99245ETGYHATD
Proc Cd	99245ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 80 minutes
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 80 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99245ETHA

Published Proc Cd	99245ET
Proc Cd	99245ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 80min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99245
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99245ETHAHETD

Published Proc Cd	99245ETHAHETD
Proc Cd	99245ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 80 minutes
Proc Short Desc	Sup RN, crisis, 80min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/07
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99245ETHAUD

Published Proc Cd	99245ETHAUD
Proc Cd	99245ETHAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 80min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99245GYHATD

Published Proc Cd	99245GYHATD
Proc Cd	99245GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 80 minutes
Proc Short Desc	Pharm Mgmt RN, CMH, 80 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99245HA

Published Proc Cd	99245
Proc Cd	99245HA
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM, 80min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99245
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99245HAHETD

Published Proc Cd	99245HAHETD
Proc Cd	99245HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 80 minutes
Proc Short Desc	Sup RN, 80min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/09
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99245HAUD

Published Proc Cd	99245HAUD
Proc Cd	99245HAUD
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM, 80min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99341ETGYHATD

Published Proc Cd	99341ETGYHATD
Proc Cd	99341ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99341ETHA

Published Proc Cd	99341ET
Proc Cd	99341ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 20min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99341
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99341ETHAHETD

Published Proc Cd	99341ETHAHETD
Proc Cd	99341ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 20 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 20min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99341ETHAUD

Published Proc Cd	99341ETHAUD
Proc Cd	99341ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99341GYHATD

Published Proc Cd	99341GYHATD
Proc Cd	99341GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99341HA

Published Proc Cd	99341
Proc Cd	99341HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 20min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99341
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99341HAHETD

Published Proc Cd	99341HAHETD
Proc Cd	99341HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 20 minutes, Home Services
Proc Short Desc	Sup RN, 20min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99341HAUD

Published Proc Cd	99341HAUD
Proc Cd	99341HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 20min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

CMH

99342ETGYHATD

Published Proc Cd	99342ETGYHATD
Proc Cd	99342ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99342ETHA

Published Proc Cd	99342ET
Proc Cd	99342ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99342
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99342ETHAHETD

Published Proc Cd	99342ETHAHETD
Proc Cd	99342ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 30 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99342ETHAUD

Published Proc Cd	99342ETHAUD
Proc Cd	99342ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99342GYHATD

Published Proc Cd	99342GYHATD
Proc Cd	99342GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99342HA

Published Proc Cd	99342
Proc Cd	99342HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99342
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99342HAHETD

Published Proc Cd	99342HAHETD
Proc Cd	99342HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 30 minutes, Home Services
Proc Short Desc	Sup RN, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99342HAUD

Published Proc Cd	99342HAUD
Proc Cd	99342HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99343ETGYHATD

Published Proc Cd	99343ETGYHATD
Proc Cd	99343ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99343ETHA

Published Proc Cd	99343ET
Proc Cd	99343ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 45min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99343
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99343ETHAHETD

Published Proc Cd	99343ETHAHETD
Proc Cd	99343ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 45 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 45min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99343ETHAUD

Published Proc Cd	99343ETHAUD
Proc Cd	99343ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99343GYHATD

Published Proc Cd	99343GYHATD
Proc Cd	99343GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99343HA

Published Proc Cd	99343
Proc Cd	99343HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 45min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99343
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99343HAHETD

Published Proc Cd	99343HAHETD
Proc Cd	99343HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 45 minutes, Home Services
Proc Short Desc	Sup RN, 45min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99343HAUD

Published Proc Cd	99343HAUD
Proc Cd	99343HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 45min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99344ETGYHATD

Published Proc Cd	99344ETGYHATD
Proc Cd	99344ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99344ETHA

Published Proc Cd	99344ET
Proc Cd	99344ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99344
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99344ETHAHETD

Published Proc Cd	99344ETHAHETD
Proc Cd	99344ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99344ETHAUD

Published Proc Cd	99344ETHAUD
Proc Cd	99344ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99344GYHATD

Published Proc Cd	99344GYHATD
Proc Cd	99344GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99344HA

Published Proc Cd	99344
Proc Cd	99344HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99344
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99344HAHETD

Published Proc Cd	99344HAHETD
Proc Cd	99344HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 60 minutes, Home Services
Proc Short Desc	Sup RN, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99344HAUD

Published Proc Cd	99344HAUD
Proc Cd	99344HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

CMH

99345ETGYHATD

Published Proc Cd	99345ETGYHATD
Proc Cd	99345ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 75 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99345ETHA

Published Proc Cd	99345ET
Proc Cd	99345ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 75min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99345
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99345ETHAHETD

Published Proc Cd	99345ETHAHETD
Proc Cd	99345ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 75 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 75min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99345ETHAUD

Published Proc Cd	99345ETHAUD
Proc Cd	99345ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 75min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99345GYHATD

Published Proc Cd	99345GYHATD
Proc Cd	99345GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 75 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99345HA

Published Proc Cd	99345
Proc Cd	99345HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 75min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99345
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99345HAHETD

Published Proc Cd	99345HAHETD
Proc Cd	99345HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 75 minutes, Home Services
Proc Short Desc	Sup RN, 75min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99345HAUD

Published Proc Cd	99345HAUD
Proc Cd	99345HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 75min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99347ETGYHATD

Published Proc Cd	99347ETGYHATD
Proc Cd	99347ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99347ETHA

Published Proc Cd	99347ET
Proc Cd	99347ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99347
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99347ETHAHETD

Published Proc Cd	99347ETHAHETD
Proc Cd	99347ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 15 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99347ETHAUD

Published Proc Cd	99347ETHAUD
Proc Cd	99347ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99347GYHATD

Published Proc Cd	99347GYHATD
Proc Cd	99347GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99347HA

Published Proc Cd	99347
Proc Cd	99347HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99347
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99347HAHETD

Published Proc Cd	99347HAHETD
Proc Cd	99347HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 15 minutes, Home Services
Proc Short Desc	Sup RN, 15min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99347HAUD

Published Proc Cd	99347HAUD
Proc Cd	99347HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 15min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

CMH

99348ETGYHATD

Published Proc Cd	99348ETGYHATD
Proc Cd	99348ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99348ETHA

Published Proc Cd	99348ET
Proc Cd	99348ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 25min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99348
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99348ETHAHETD

Published Proc Cd	99348ETHAHETD
Proc Cd	99348ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 25 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 25min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99348ETHAUD

Published Proc Cd	99348ETHAUD
Proc Cd	99348ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

CMH

99348GYHATD

Published Proc Cd	99348GYHATD
Proc Cd	99348GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 25 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99348HA

Published Proc Cd	99348
Proc Cd	99348HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 25min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99348
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99348HAHETD

Published Proc Cd	99348HAHETD
Proc Cd	99348HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 25 minutes, Home Services
Proc Short Desc	Sup RN, 25min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99348HAUD

Published Proc Cd	99348HAUD
Proc Cd	99348HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 25min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99349ETGYHATD

Published Proc Cd	99349ETGYHATD
Proc Cd	99349ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99349ETHA

Published Proc Cd	99349ET
Proc Cd	99349ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99349
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99349ETHAHETD

Published Proc Cd	99349ETHAHETD
Proc Cd	99349ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 40 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99349ETHAUD

Published Proc Cd	99349ETHAUD
Proc Cd	99349ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Pharmacological Management

CMH

99349GYHATD

Published Proc Cd	99349GYHATD
Proc Cd	99349GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99349HA

Published Proc Cd	99349
Proc Cd	99349HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99349
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pharmacological Management

CMH

99349HAHETD

Published Proc Cd	99349HAHETD
Proc Cd	99349HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 40 minutes, Home Services
Proc Short Desc	Sup RN, 40min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99349HAUD

Published Proc Cd	99349HAUD
Proc Cd	99349HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 40min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99350ETGYHATD

Published Proc Cd	99350ETGYHATD
Proc Cd	99350ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99350ETHA

Published Proc Cd	99350ET
Proc Cd	99350ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99350
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99350ETHAHETD

Published Proc Cd	99350ETHAHETD
Proc Cd	99350ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services
Proc Short Desc	Sup RN, crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99350ETHAUD

Published Proc Cd	99350ETHAUD
Proc Cd	99350ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99350GYHATD

Published Proc Cd	99350GYHATD
Proc Cd	99350GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99350HA

Published Proc Cd	99350
Proc Cd	99350HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99350
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99350HAHETD

Published Proc Cd	99350HAHETD
Proc Cd	99350HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, typically 60 minutes, Home Services
Proc Short Desc	Sup RN, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99350HAUD

Published Proc Cd	99350HAUD
Proc Cd	99350HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of an established patient, that may not require the presence of a physician, provided by a Pharm D. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99354ETGYHATD

Published Proc Cd	99354ETGYHATD
Proc Cd	99354ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes., Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99354ETHA

Published Proc Cd	99354ET
Proc Cd	99354ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes., Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99354
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99354ETHAHETD

Published Proc Cd	99354ETHAHETD
Proc Cd	99354ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes., Home Services
Proc Short Desc	Sup RN, crisis, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99354ETHAUD

Published Proc Cd	99354ETHAUD
Proc Cd	99354ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes., Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99354GYHATD

Published Proc Cd	99354GYHATD
Proc Cd	99354GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes., Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99354HA

Published Proc Cd	99354
Proc Cd	99354HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes., Home Services
Proc Short Desc	Pharm Mgmt EM, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99354
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99354HAHETD

Published Proc Cd	99354HAHETD
Proc Cd	99354HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes., Home Services
Proc Short Desc	Sup RN, 60min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99354HAUD

Published Proc Cd	99354HAUD
Proc Cd	99354HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day. 60 minutes., Home Services
Proc Short Desc	Pharm Mgmt EM, 60min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99355ETGYHATD

Published Proc Cd	99355ETGYHATD
Proc Cd	99355ETGYHATD
Proc Desc	Pharmacological Management by RN, in response to a MH crisis, incidental to MD Visit, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes., Home Services
Proc Short Desc	Pharm Mgmt crisis, RN, CMH, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99355ETHA

Published Proc Cd	99355ET
Proc Cd	99355ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes., Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99355
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99355ETHAHETD

Published Proc Cd	99355ETHAHETD
Proc Cd	99355ETHAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, in response to a MH crisis, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes., Home Services
Proc Short Desc	Sup RN, crisis, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99355ETHAUD

Published Proc Cd	99355ETHAUD
Proc Cd	99355ETHAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis, that may not require the presence of a physician, provided by a Pharm D. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes., Home Services
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99355GYHATD

Published Proc Cd	99355GYHATD
Proc Cd	99355GYHATD
Proc Desc	Pharmacological Management by RN incidental to MD Visit, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes., Home Services
Proc Short Desc	Pharm Mgmt RN, CMH, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Pharmacological Management

CMH

99355HA

Published Proc Cd	99355
Proc Cd	99355HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes., Home Services
Proc Short Desc	Pharm Mgmt EM, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99355
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99355HAHETD

Published Proc Cd	99355HAHETD
Proc Cd	99355HAHETD
Proc Desc	Supplemental nursing services by RN that are not incidental to another service, Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes., Home Services
Proc Short Desc	Sup RN, 30min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.8 - Medication Related, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pharmacological Management

CMH

99355HAUD

Published Proc Cd	99355HAUD
Proc Cd	99355HAUD
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient, that may not require the presence of a physician, provided by a Pharm D. Used in conjunction with 99354 hourly prolonged service to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day. 30 minutes., Home Services
Proc Short Desc	Pharm Mgmt EM, 30min, PharmD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	6/1/16
Eff Dt	6/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C1	C2	C3	C4	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pre-Admission QMHP-CS Assessment

AMH

90791ETHN

Published Proc Cd	90791ETHN
Proc Cd	90791ETHN
Proc Desc	Pre-Admission QMHP-CS Assessment, Crisis
Proc Short Desc	Pre-Admit QMHP-CS Assmt, Crisis
Unit Type	Hour/Event
Procedure Grid Cd	122
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	3/1/20
Eff Dt	3/1/20
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	*

RECIPIENT_CD

Allowed Values	*

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Pre-Admission QMHP-CS Assessment

AMH

90791H9HN

Published Proc Cd	90791H9HN
Proc Cd	90791H9HN
Proc Desc	Pre-Admission QMHP-CS Assessment, Outpatient Competency Restoration Program
Proc Short Desc	Pre-Admit QMHP-CS Assmt, OCR
Unit Type	Hour/Event
Procedure Grid Cd	122
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pre-Admission QMHP-CS Assessment

AMH

90791HN

Published Proc Cd	90791HN
Proc Cd	90791HN
Proc Desc	Pre-Admission QMHP-CS Assessment
Proc Short Desc	Pre-Admit QMHP-CS Assmt
Unit Type	Hour/Event
Procedure Grid Cd	122
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pre-Admission QMHP-CS Assessment

CMH

90791ETHAHN

Published Proc Cd	90791ETHAHN
Proc Cd	90791ETHAHN
Proc Desc	Pre-Admission QMHP-CS Assessment, Crisis, CMH
Proc Short Desc	Pre-Admit QMHP-CS Assmt, Crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	222
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	3/1/20
Eff Dt	3/1/20
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	*

RECIPIENT_CD

Allowed Values	*

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Pre-Admission QMHP-CS Assessment

CMH

90791HAHN

Published Proc Cd	90791HAHN
Proc Cd	90791HAHN
Proc Desc	Pre-Admission QMHP-CS Assessment, CMH
Proc Short Desc	Pre-Admit QMHP-CS Assmt, CMH
Unit Type	Hour/Event
Procedure Grid Cd	222
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	9/1/08
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408

Published Proc Cd	99408
Proc Cd	99408
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by LPC or LCSW
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408ET

Published Proc Cd	99408ET
Proc Cd	99408ET
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by LPC or LCSW
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408ETH9

Published Proc Cd	99408ETH9
Proc Cd	99408ETH9
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Prevention

AMH

99408ETH9HN

Published Proc Cd	99408ETH9HN
Proc Cd	99408ETH9HN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP, Outpatient Competency Restoration Program,
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, QMHP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408ETH9TD

Published Proc Cd	99408ETH9TD
Proc Cd	99408ETH9TD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by RN, Outpatient Competency Restoration Program,
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, RN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408ETHN

Published Proc Cd	99408ETHN
Proc Cd	99408ETHN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, QMHP
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408ETTD

Published Proc Cd	99408ETTD
Proc Cd	99408ETTD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by RN
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, RN
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408H9

Published Proc Cd	99408H9
Proc Cd	99408H9
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408H9HN

Published Proc Cd	99408H9HN
Proc Cd	99408H9HN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by QMHP, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, QMHP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408H9TD

Published Proc Cd	99408H9TD
Proc Cd	99408H9TD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by RN, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, RN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408HN

Published Proc Cd	99408HN
Proc Cd	99408HN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by QMHP
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, QMHP
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	F	G

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

99408TD

Published Proc Cd	99408TD
Proc Cd	99408TD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by RN
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, RN
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

H0049

Published Proc Cd	H0049
Proc Cd	H0049
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LPC or LCSW
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

H0049ET

Published Proc Cd	H0049ET
Proc Cd	H0049ET
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LPC or LCSW
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, LPC, LCSW
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Prevention

AMH

H0049ETH9

Published Proc Cd	H0049ETH9
Proc Cd	H0049ETH9
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Prevention

AMH

H0049ETH9HN

Published Proc Cd	H0049ETH9HN
Proc Cd	H0049ETH9HN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP, Outpatient Competency Restoration Program,
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, QMHP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

H0049ETH9TD

Published Proc Cd	H0049ETH9TD
Proc Cd	H0049ETH9TD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by RN, Outpatient Competency Restoration Program,
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, RN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

H0049ETHN

Published Proc Cd	H0049ETHN
Proc Cd	H0049ETHN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, QMHP
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Prevention

AMH

H0049ETTD

Published Proc Cd	H0049ETTD
Proc Cd	H0049ETTD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by RN
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, RN
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

H0049H9

Published Proc Cd	H0049H9
Proc Cd	H0049H9
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LPC or LCSW, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, LPC, LCSW, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

H0049H9HN

Published Proc Cd	H0049H9HN
Proc Cd	H0049H9HN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by QMHP, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, QMHP, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

H0049H9TD

Published Proc Cd	H0049H9TD
Proc Cd	H0049H9TD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by RN, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, RN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

H0049HN

Published Proc Cd	H0049HN
Proc Cd	H0049HN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by QMHP
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, QMHP
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

AMH

H0049TD

Published Proc Cd	H0049TD
Proc Cd	H0049TD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by RN
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, RN
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Prevention

CMH

99408ETHA

Published Proc Cd	99408ET
Proc Cd	99408ETHA
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by LPC, or LCSW
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

99408ETHAHN

Published Proc Cd	99408ETHN
Proc Cd	99408ETHAHN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, QMHP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

99408ETHATD

Published Proc Cd	99408ETTD
Proc Cd	99408ETHATD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by Registered Nurse
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, RN, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

99408HA

Published Proc Cd	99408
Proc Cd	99408HA
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by LPC, or LCSW
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

99408HAHN

Published Proc Cd	99408HN
Proc Cd	99408HAHN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by QMHP
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, QMHP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	F	G

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Prevention

CMH

99408HATD

Published Proc Cd	99408TD
Proc Cd	99408HATD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by Registered Nurse
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, RN, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

H0049ETHA

Published Proc Cd	H0049ET
Proc Cd	H0049ETHA
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LPC, or LCSW
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

H0049ETHAHN

Published Proc Cd	H0049ETHN
Proc Cd	H0049ETHAHN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, QMHP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

H0049ETHATD

Published Proc Cd	H0049ETTD
Proc Cd	H0049ETHATD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Registered Nurse
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, RN, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

H0049HA

Published Proc Cd	H0049
Proc Cd	H0049HA
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LPC, or LCSW
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, LPC, LCSW, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	J	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

H0049HAHN

Published Proc Cd	H0049HN
Proc Cd	H0049HAHN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by QMHP
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, QMHP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049HN
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	G

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Prevention

CMH

H0049HATD

Published Proc Cd	H0049TD
Proc Cd	H0049HATD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Registered Nurse
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, RN, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049TD
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/16
Eff Dt	9/1/16
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791

Published Proc Cd	90791
Proc Cd	90791
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN, no medical
Proc Short Desc	Dx Exam, MD, APN, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791ET

Published Proc Cd	90791ET
Proc Cd	90791ET
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN, no medical
Proc Short Desc	Dx Exam, crisis, MD, APN, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791ETH9

Published Proc Cd	90791ETH9
Proc Cd	90791ETH9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, crisis, MD, APN, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791ETH9HE

Published Proc Cd	90791ETH9HE
Proc Cd	90791ETH9HE
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - LCSW, LPC, LMFT, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, crisis, LCSW, LPC, LMFT, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E	F

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791ETH9U9

Published Proc Cd	90791ETH9U9
Proc Cd	90791ETH9U9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, crisis, PLP, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791ETH9UB

Published Proc Cd	90791ETH9UB
Proc Cd	90791ETH9UB
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Psychology Interns and Fellows, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, crisis, Psychology Interns and Fellows, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791ETHE

Published Proc Cd	90791ETHE
Proc Cd	90791ETHE
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - LCSW, LPC, LMFT, no medical
Proc Short Desc	Dx Exam, crisis, LCSW, LPC, LMFT, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791ETU9

Published Proc Cd	90791ETU9
Proc Cd	90791ETU9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Provisionally Licensed Psychologist, no medical
Proc Short Desc	Dx Exam, crisis, PLP, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791ETUB

Published Proc Cd	90791ETUB
Proc Cd	90791ETUB
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Psychology Interns and Fellows, no medical
Proc Short Desc	Dx Exam, crisis, Psychology Interns and Fellows, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791H9

Published Proc Cd	90791H9
Proc Cd	90791H9
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, MD, APN, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791H9HE

Published Proc Cd	90791H9HE
Proc Cd	90791H9HE
Proc Desc	Psychiatric Diagnostic Interview Examination - LCSW, LPC, LMFT, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, LCSW, LPC, LMFT, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E	F

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791H9U9

Published Proc Cd	90791H9U9
Proc Cd	90791H9U9
Proc Desc	Psychiatric Diagnostic Interview Examination - Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, PLP, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791H9UB

Published Proc Cd	90791H9UB
Proc Cd	90791H9UB
Proc Desc	Psychiatric Diagnostic Interview Examination - Psychology Interns and Fellows, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, Psychology Interns and Fellows, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791HE

Published Proc Cd	90791HE
Proc Cd	90791HE
Proc Desc	Psychiatric Diagnostic Interview Examination - LCSW, LPC, LMFT, no medical
Proc Short Desc	Dx Exam, LCSW, LPC, LMFT, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5	6

SERVER_TYPE_CD

Allowed Values	E	F	G	L

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF	SR

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791U9

Published Proc Cd	90791U9
Proc Cd	90791U9
Proc Desc	Psychiatric Diagnostic Interview Examination - Provisionally Licensed Psychologist, no medical
Proc Short Desc	Dx Exam, PLP, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90791UB

Published Proc Cd	90791UB
Proc Cd	90791UB
Proc Desc	Psychiatric Diagnostic Interview Examination - Psychology Interns and Fellows, no medical
Proc Short Desc	Dx Exam, Psychology Interns and Fellows, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90792

Published Proc Cd	90792
Proc Cd	90792
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN, with medical
Proc Short Desc	Dx Exam, MD, APN, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	U

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CH	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90792ET

Published Proc Cd	90792ET
Proc Cd	90792ET
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN, with medical
Proc Short Desc	Dx Exam, crisis, MD, APN, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	6	U

SERVER_TYPE_CD

Allowed Values	A	C	D	J	S	T

SVC_LOCATION_CD

Allowed Values	CH	CI	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90792ETH9

Published Proc Cd	90792ETH9
Proc Cd	90792ETH9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN, Outpatient Competency Restoration Program, with medical
Proc Short Desc	Dx Exam, crisis, MD, APN, OCR, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

AMH

90792H9

Published Proc Cd	90792H9
Proc Cd	90792H9
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN, Outpatient Competency Restoration Program, with medical
Proc Short Desc	Dx Exam, MD, APN, OCR, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90791ETHA

Published Proc Cd	90791ET
Proc Cd	90791ETHA
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN, no medical
Proc Short Desc	Dx Exam, crisis, MD, APN, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90791ETHAHE

Published Proc Cd	90791ETHAHE
Proc Cd	90791ETHAHE
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - LCSW, LPC, LMFT, no medical
Proc Short Desc	Dx Exam, crisis, LCSW, LPC, LMFT, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	E	F

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90791ETHAU9

Published Proc Cd	90791ETU9
Proc Cd	90791ETHAU9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Provisionally Licensed Psychologist, no medical
Proc Short Desc	Dx Exam, crisis, PLP, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90791ETHAUB

Published Proc Cd	90791ETUB
Proc Cd	90791ETHAUB
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Psychology Interns and Fellows, no medical
Proc Short Desc	Dx Exam, crisis, Psychology Interns and Fellows, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90791HA

Published Proc Cd	90791
Proc Cd	90791HA
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN, no medical
Proc Short Desc	Dx Exam, MD, APN, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90791HAHE

Published Proc Cd	90791HAHE
Proc Cd	90791HAHE
Proc Desc	Psychiatric Diagnostic Interview Examination - LCSW, LPC, LMFT, no medical
Proc Short Desc	Dx Exam, LCSW, LPC, LMFT, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	C	E	F	L

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90791HAU9

Published Proc Cd	90791U9
Proc Cd	90791HAU9
Proc Desc	Psychiatric Diagnostic Interview Examination - Provisionally Licensed Psychologist, no medical
Proc Short Desc	Dx Exam, PLP, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90791HAUB

Published Proc Cd	90791UB
Proc Cd	90791HAUB
Proc Desc	Psychiatric Diagnostic Interview Examination - Psychology Interns and Fellows, no medical
Proc Short Desc	Dx Exam, Psychology Interns and Fellows, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90792ETHA

Published Proc Cd	90792ET
Proc Cd	90792ETHA
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN, with medical
Proc Short Desc	Dx Exam, crisis, MD, APN, CMH, with medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90792
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CH	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychiatric Diagnostic Interview Examination

CMH

90792HA

Published Proc Cd	90792HA
Proc Cd	90792HA
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN, with medical
Proc Short Desc	Dx Exam, MD, APN, CMH, with medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90792HA
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T	U

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CH	CS	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

AMH

96101

Published Proc Cd	96101
Proc Cd	96101
Proc Desc	Psychological Testing (up to 4 hours per day)
Proc Short Desc	Psy Testing
Unit Type	Hour/Event
Procedure Grid Cd	1201
Medicaid Billing Code	96101
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B

SVC_LOCATION_CD

Allowed Values	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Psychological & Neuropsychological Testing

AMH

96101U9

Published Proc Cd	96101U9
Proc Cd	96101U9
Proc Desc	Psychological Testing (up to 4 hours per day), Provisionally Licensed Psychologist
Proc Short Desc	Psy Testing , PLP
Unit Type	Hour/Event
Procedure Grid Cd	1201
Medicaid Billing Code	96101U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	EP	F	IP	T

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	NF	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

AMH

96101UB

Published Proc Cd	96101UB
Proc Cd	96101UB
Proc Desc	Psychological Testing (up to 4 hours per day), Psychology Interns and Fellows
Proc Short Desc	Psy Testing , Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1201
Medicaid Billing Code	96101UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	EP	F	IP	T

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	NF	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

AMH

96118

Published Proc Cd	96118
Proc Cd	96118
Proc Desc	Neuropsychological Testing (up to 4 hours per day)
Proc Short Desc	Neuropsych Testing
Unit Type	Hour/Event
Procedure Grid Cd	1201
Medicaid Billing Code	96118
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B

SVC_LOCATION_CD

Allowed Values	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

AMH

96118U9

Published Proc Cd	96118U9
Proc Cd	96118U9
Proc Desc	Neuropsychological Testing (up to 4 hours per day), Provisionally Licensed Psychologist
Proc Short Desc	Neuropsych Testing, PLP
Unit Type	Hour/Event
Procedure Grid Cd	1201
Medicaid Billing Code	96118U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B

SVC_LOCATION_CD

Allowed Values	NF	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

AMH

96118UB

Published Proc Cd	96118UB
Proc Cd	96118UB
Proc Desc	Neuropsychological Testing (up to 4 hours per day), Psychology Interns and Fellows
Proc Short Desc	Neuropsych Testing, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	1201
Medicaid Billing Code	96118UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B

SVC_LOCATION_CD

Allowed Values	NF	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

CMH

96101HA

Published Proc Cd	96101
Proc Cd	96101HA
Proc Desc	Psychological testing (up to 4 hours per day)
Proc Short Desc	Psy Testing, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2201
Medicaid Billing Code	96101
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B

SVC_LOCATION_CD

Allowed Values	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

CMH

96101HAU9

Published Proc Cd	96101U9
Proc Cd	96101HAU9
Proc Desc	Psychological testing (up to 4 hours per day), Provisionally Licensed Psychologist
Proc Short Desc	Psy Testing, CMH, PLP
Unit Type	Hour/Event
Procedure Grid Cd	2201
Medicaid Billing Code	96101U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	NF	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

CMH

96101HAUB

Published Proc Cd	96101UB
Proc Cd	96101HAUB
Proc Desc	Psychological testing (up to 4 hours per day), Psychology Interns and Fellows
Proc Short Desc	Psy Testing, CMH, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	2201
Medicaid Billing Code	96101UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	NF	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

CMH

96118HA

Published Proc Cd	96118
Proc Cd	96118HA
Proc Desc	Neuropsychological Testing (up to 4 hours per day)
Proc Short Desc	Neuropsych Testing, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2201
Medicaid Billing Code	96118
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B

SVC_LOCATION_CD

Allowed Values	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

CMH

96118HAU9

Published Proc Cd	96118U9
Proc Cd	96118HAU9
Proc Desc	Neuropsychological Testing (up to 4 hours per day), Provisionally Licensed Psychologist
Proc Short Desc	Neuropsych Testing, CMH, PLP
Unit Type	Hour/Event
Procedure Grid Cd	2201
Medicaid Billing Code	96118U9
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	NF	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychological & Neuropsychological Testing

CMH

96118HAUB

Published Proc Cd	96118UB
Proc Cd	96118HAUB
Proc Desc	Neuropsychological Testing (up to 4 hours per day), Psychology Interns and Fellows
Proc Short Desc	Neuropsych Testing, CMH, Psychology Interns and Fellows
Unit Type	Hour/Event
Procedure Grid Cd	2201
Medicaid Billing Code	96118UB
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	NF	OF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017H9HQ

Published Proc Cd	H2017H9HQ
Proc Cd	H2017H9HQ
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Group, Outpatient Competency Restoration Program
Proc Short Desc	Grp PSR, OCR
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	7/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017H9HQHZ

Published Proc Cd	H2017H9HQHZ
Proc Cd	H2017H9HQHZ
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Group, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Grp PSR, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017H9HQHZTD

Published Proc Cd	H2017H9HQHZTD
Proc Cd	H2017H9HQHZTD
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Provided by RN, Group, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Grp PSR, RN, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQHZTD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017H9HQHZU2

Published Proc Cd	H2017H9HQHZU2
Proc Cd	H2017H9HQHZU2
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Housing, Group, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Grp PSR, SH, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017H9HQHZU3

Published Proc Cd	H2017H9HQHZU3
Proc Cd	H2017H9HQHZU3
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Employment, Group, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Grp PSR, SE, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017H9HQTD

Published Proc Cd	H2017H9HQTD
Proc Cd	H2017H9HQTD
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Provided by RN, Group, Outpatient Competency Restoration Program
Proc Short Desc	Grp PSR, RN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQTD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017H9HQU2

Published Proc Cd	H2017H9HQU2
Proc Cd	H2017H9HQU2
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Housing, Group, Outpatient Competency Restoration Program
Proc Short Desc	Grp PSR, SH, OCR
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017H9HQU3

Published Proc Cd	H2017H9HQU3
Proc Cd	H2017H9HQU3
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Employment, Group, Outpatient Competency Restoration Program
Proc Short Desc	Grp PSR, SE, OCR
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017HQ

Published Proc Cd	H2017HQ
Proc Cd	H2017HQ
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Group
Proc Short Desc	Grp PSR
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017HQHZ

Published Proc Cd	H2017HQHZ
Proc Cd	H2017HQHZ
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Group, TCOOMMI funded
Proc Short Desc	Grp PSR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017HQHZTD

Published Proc Cd	H2017HQHZTD
Proc Cd	H2017HQHZTD
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Provided by RN, Group, TCOOMMI funded
Proc Short Desc	Grp PSR, RN, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQHZTD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017HQBZU2

Published Proc Cd	H2017HQBZU2
Proc Cd	H2017HQBZU2
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Housing, Group, TCOOMMI funded
Proc Short Desc	Grp PSR, SH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQBZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017HQBZU3

Published Proc Cd	H2017HQBZU3
Proc Cd	H2017HQBZU3
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Employment, Group, TCOOMMI funded
Proc Short Desc	Grp PSR, SE, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQBZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017HQTD

Published Proc Cd	H2017HQTD
Proc Cd	H2017HQTD
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Provided by RN, Group
Proc Short Desc	Grp PSR, RN
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQTD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017HQU2

Published Proc Cd	H2017HQU2
Proc Cd	H2017HQU2
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Housing, Group
Proc Short Desc	Grp PSR, SH
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Group

AMH

H2017HQU3

Published Proc Cd	H2017HQU3
Proc Cd	H2017HQU3
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Employment, Group
Proc Short Desc	Grp PSR, SE
Unit Type	Hour/Event
Procedure Grid Cd	153
Medicaid Billing Code	H2017HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017

Published Proc Cd	H2017
Proc Cd	H2017
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Individual
Proc Short Desc	Indv PSR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ET

Published Proc Cd	H2017ET
Proc Cd	H2017ET
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, Individual
Proc Short Desc	Indv PSR, crisis
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017ET
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETGJ

Published Proc Cd	H2017ETGJ
Proc Cd	H2017ETGJ
Proc Desc	Psychosocial Rehabilitative Services, crisis false alarm, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, Individual
Proc Short Desc	Indv PSR, false alarm
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/20
Eff Dt	3/1/20
End Dt	

APPT_TYPE_CD

Allowed Values	*

ENC_TYPE_CD

Allowed Values	*

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	*

RECIPIENT_CD

Allowed Values	*

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETH9

Published Proc Cd	H2017ETH9
Proc Cd	H2017ETH9
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, Individual, Outpatient Competency Restoration Program
Proc Short Desc	Indv PSR, crisis, OCR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017ET
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	7/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETH9HZ

Published Proc Cd	H2017ETH9HZ
Proc Cd	H2017ETH9HZ
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, Individual, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv PSR, crisis, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017ETHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETH9HZTD

Published Proc Cd	H2017ETH9HZTD
Proc Cd	H2017ETH9HZTD
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, Provided by RN, Individual, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv PSR, crisis, RN, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017ETHZTD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETH9TD

Published Proc Cd	H2017ETH9TD
Proc Cd	H2017ETH9TD
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, Provided by RN, Individual, Outpatient Competency Restoration Program
Proc Short Desc	Indv PSR, crisis, RN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017ETTD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETH9U4

Published Proc Cd	H2017ETH9U4
Proc Cd	H2017ETH9U4
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, second staff, Individual, Outpatient Competency Restoration Program
Proc Short Desc	Indv PSR, crisis, second staff, OCR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETHZ

Published Proc Cd	H2017ETHZ
Proc Cd	H2017ETHZ
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, Individual, TCOOMMI funded
Proc Short Desc	Indv PSR, crisis, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017ETHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETHZTD

Published Proc Cd	H2017ETHZTD
Proc Cd	H2017ETHZTD
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, Provided by RN, Individual, TCOOMMI funded
Proc Short Desc	Indv PSR, crisis, RN, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017ETHZTD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETTD

Published Proc Cd	H2017ETTD
Proc Cd	H2017ETTD
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, Provided by RN, Individual
Proc Short Desc	Indv PSR, crisis, RN
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017TD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017ETU4

Published Proc Cd	H2017ETU4
Proc Cd	H2017ETU4
Proc Desc	Psychosocial Rehabilitative Services, in response to a MH crisis, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, second staff, Individual
Proc Short Desc	Indv PSR, crisis, second staff
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	3/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017GJ

Published Proc Cd	H2017GJ
Proc Cd	H2017GJ
Proc Desc	Psychosocial Rehabilitative Services, crisis false alarm, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, Individual
Proc Short Desc	Indv PSR, false alarm
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017GJH9

Published Proc Cd	H2017GJH9
Proc Cd	H2017GJH9
Proc Desc	Psychosocial Rehabilitative Services, crisis false alarm, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, Individual, Outpatient Competency Restoration Program
Proc Short Desc	Indv PSR, false alarm, OCR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017GJH9U4

Published Proc Cd	H2017GJH9U4
Proc Cd	H2017GJH9U4
Proc Desc	Psychosocial Rehabilitative Services, crisis false alarm, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, Individual, second staff, Outpatient Competency Restoration Program
Proc Short Desc	Indv PSR, false alarm, second staff, OCR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017GJU4

Published Proc Cd	H2017GJU4
Proc Cd	H2017GJU4
Proc Desc	Psychosocial Rehabilitative Services, crisis false alarm, by a member of the therapeutic team, also referred to as Rehabilitative Case Management, Individual, second staff
Proc Short Desc	Indv PSR, false alarm, second staff
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017H9

Published Proc Cd	H2017H9
Proc Cd	H2017H9
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Individual, Outpatient Competency Restoration Program
Proc Short Desc	Indv PSR, OCR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	7/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017H9HZ

Published Proc Cd	H2017H9HZ
Proc Cd	H2017H9HZ
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Individual, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv PSR, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017H9HZTD

Published Proc Cd	H2017H9HZTD
Proc Cd	H2017H9HZTD
Proc Desc	Psychosocial Rehabilitative Services, Provided by RN, Individual, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv PSR, RN, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017HZTD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017H9HZU2

Published Proc Cd	H2017H9HZU2
Proc Cd	H2017H9HZU2
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Housing, Individual, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv PSR, SH, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017H9HZU3

Published Proc Cd	H2017H9HZU3
Proc Cd	H2017H9HZU3
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Employment, Individual, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv PSR, SE, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017H9TD

Published Proc Cd	H2017H9TD
Proc Cd	H2017H9TD
Proc Desc	Psychosocial Rehabilitative Services, Provided by RN, Individual, Outpatient Competency Restoration Program
Proc Short Desc	Indv PSR, RN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017TD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017H9U2

Published Proc Cd	H2017H9U2
Proc Cd	H2017H9U2
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Housing, Individual, Outpatient Competency Restoration Program
Proc Short Desc	Indv PSR, SH, OCR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017H9U3

Published Proc Cd	H2017H9U3
Proc Cd	H2017H9U3
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Employment, Individual, Outpatient Competency Restoration Program
Proc Short Desc	Indv PSR, SE, OCR
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017HZ

Published Proc Cd	H2017HZ
Proc Cd	H2017HZ
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Individual, TCOOMMI funded
Proc Short Desc	Indv PSR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017HZTD

Published Proc Cd	H2017HZTD
Proc Cd	H2017HZTD
Proc Desc	Psychosocial Rehabilitative Services, Provided by RN, Individual, TCOOMMI funded
Proc Short Desc	Indv PSR, RN, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017HZTD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017HZU2

Published Proc Cd	H2017HZU2
Proc Cd	H2017HZU2
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Housing, Individual, TCOOMMI funded
Proc Short Desc	Indv PSR, SH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017HZU3

Published Proc Cd	H2017HZU3
Proc Cd	H2017HZU3
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Employment, Individual, TCOOMMI funded
Proc Short Desc	Indv PSR, SE, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017TD

Published Proc Cd	H2017TD
Proc Cd	H2017TD
Proc Desc	Psychosocial Rehabilitative Services, Provided by RN, Individual
Proc Short Desc	Indv PSR, RN
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017TD
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017U2

Published Proc Cd	H2017U2
Proc Cd	H2017U2
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Housing, Individual
Proc Short Desc	Indv PSR, SH
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Psychosocial Rehabilitative Services, Individual

AMH

H2017U3

Published Proc Cd	H2017U3
Proc Cd	H2017U3
Proc Desc	Psychosocial Rehabilitative Services, as part of Supported Employment, Individual
Proc Short Desc	Indv PSR, SE
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A3	A4	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Residential Treatment

AMH

H0019

Published Proc Cd	H0019
Proc Cd	H0019
Proc Desc	Non-crisis residential
Proc Short Desc	Residential
Unit Type	Bedday
Procedure Grid Cd	1609
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Residential Treatment

AMH

H0019H9

Published Proc Cd	H0019H9
Proc Cd	H0019H9
Proc Desc	Non-crisis residential, OCR
Proc Short Desc	Residential, OCR
Unit Type	Bedday
Procedure Grid Cd	1609
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	1/1/10
Eff Dt	1/1/10
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Respite Services

AMH

H0045

Published Proc Cd	H0045
Proc Cd	H0045
Proc Desc	Respite care services, not in home, per diem
Proc Short Desc	Respite, non-home
Unit Type	Bedday
Procedure Grid Cd	1515
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Respite Services

AMH

H0045ET

Published Proc Cd	H0045ET
Proc Cd	H0045ET
Proc Desc	Respite care services, not in home, per diem, for MH crisis resolution
Proc Short Desc	Respite, non-home, crisis
Unit Type	Bedday
Procedure Grid Cd	1515
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Residential, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Respite Services

AMH

H0045ETH9

Published Proc Cd	H0045ETH9
Proc Cd	H0045ETH9
Proc Desc	Respite care services, not in home, per diem, for MH crisis resolution, Outpatient Competency Restoration Program
Proc Short Desc	Respite, non-home, crisis, OCR
Unit Type	Bedday
Procedure Grid Cd	1515
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Respite Services

AMH

H0045H9

Published Proc Cd	H0045H9
Proc Cd	H0045H9
Proc Desc	Respite care services, not in home, per diem, Outpatient Competency Restoration Program
Proc Short Desc	Respite, non-home, OCR
Unit Type	Bedday
Procedure Grid Cd	1515
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Respite Services

AMH

T1005

Published Proc Cd	T1005
Proc Cd	T1005
Proc Desc	Respite care services
Proc Short Desc	Respite
Unit Type	Hour/Event
Procedure Grid Cd	1503
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	F	G	H	I	J	K	L	M	N	S

SVC_LOCATION_CD

Allowed Values	CS	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Respite Services

AMH

T1005ET

Published Proc Cd	T1005ET
Proc Cd	T1005ET
Proc Desc	Respite care services for MH crisis resolution
Proc Short Desc	Respite, crisis
Unit Type	Hour/Event
Procedure Grid Cd	1503
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	F	G	H	I	J	K	L	M	N	S

SVC_LOCATION_CD

Allowed Values	CS	HM

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Respite Services

AMH

T1005ETH9

Published Proc Cd	T1005ETH9
Proc Cd	T1005ETH9
Proc Desc	Respite care services for MH crisis resolution, Outpatient Competency Restoration Program
Proc Short Desc	Respite, crisis, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1503
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A0	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	F	G	H	I	J	K	L	M	N	S

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Respite Services

AMH

T1005H9

Published Proc Cd	T1005H9
Proc Cd	T1005H9
Proc Desc	Respite care services, Outpatient Competency Restoration Program
Proc Short Desc	Respite, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1503
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	F	G	H	I	J	K	L	M	N	S

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Respite Services

CMH

H0045ETHA

Published Proc Cd	H0045ETHA
Proc Cd	H0045ETHA
Proc Desc	Respite care services, not in home, per diem, for MH crisis resolution
Proc Short Desc	Respite, non-home, crisis, CMH
Unit Type	Bedday
Procedure Grid Cd	2515
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Residential, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Respite Services

CMH

H0045HA

Published Proc Cd	H0045HA
Proc Cd	H0045HA
Proc Desc	Respite care services, not in home, per diem
Proc Short Desc	Respite, non-home, CMH
Unit Type	Bedday
Procedure Grid Cd	2515
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - All Other Outpatient Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	CI	CS	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Respite Services

CMH

T1005ETHA

Published Proc Cd	T1005ETHA
Proc Cd	T1005ETHA
Proc Desc	Respite care services for MH crisis resolution
Proc Short Desc	Respite, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2503
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.2 - Crisis Outpatient, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C0	C1	C2	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	F	G	H	I	J	K	L	M	N	S

SVC_LOCATION_CD

Allowed Values	CS	HM	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Respite Services

CMH

T1005HA

Published Proc Cd	T1005HA
Proc Cd	T1005HA
Proc Desc	Respite care services
Proc Short Desc	Respite, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2503
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - All Other Outpatient Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C3	C4	C5	CEO	CTAY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	F	G	H	I	J	K	L	M	N	S

SVC_LOCATION_CD

Allowed Values	CS	HM	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Routine Case Management

AMH

T1017ETH9HZTF

Published Proc Cd	T1017ETH9HZTF
Proc Cd	T1017ETH9HZTF
Proc Desc	Routine Case Management, in response to a MH crisis, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	CM crisis, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017HZTF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Routine Case Management

AMH

T1017ETH9TF

Published Proc Cd	T1017ETH9TF
Proc Cd	T1017ETH9TF
Proc Desc	Routine Case Management, in response to a MH crisis, Outpatient Competency Restoration Program
Proc Short Desc	CM crisis, OCR
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017TF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Routine Case Management

AMH

T1017ETHZTF

Published Proc Cd	T1017ETHZTF
Proc Cd	T1017ETHZTF
Proc Desc	Routine Case Management, in response to a MH crisis, TCOOMMI funded
Proc Short Desc	CM crisis TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017HZTF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Routine Case Management

AMH

T1017ETTF

Published Proc Cd	T1017ETTF
Proc Cd	T1017ETTF
Proc Desc	Routine Case Management, in response to a MH crisis
Proc Short Desc	CM crisis
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017TF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Routine Case Management

AMH

T1017H9HZTF

Published Proc Cd	T1017H9HZTF
Proc Cd	T1017H9HZTF
Proc Desc	Routine Case Management, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	CM, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017HZTF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Routine Case Management

AMH

T1017H9TF

Published Proc Cd	T1017H9TF
Proc Cd	T1017H9TF
Proc Desc	Routine Case Management, Outpatient Competency Restoration Program
Proc Short Desc	CM, OCR
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017TF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Routine Case Management

AMH

T1017HZTF

Published Proc Cd	T1017HZTF
Proc Cd	T1017HZTF
Proc Desc	Routine Case Management, TCOOMMI funded
Proc Short Desc	CM, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017HZTF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help with this report](#)

Routine Case Management

AMH

T1017TF

Published Proc Cd	T1017TF
Proc Cd	T1017TF
Proc Desc	Routine Case Management
Proc Short Desc	CM
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017TF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	5/1/08
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	U

ENC_TYPE_CD

Allowed Values	D	E	F	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Routine Case Management

CMH

T1017ETHAHZTF

Published Proc Cd	T1017ETHAHZTF
Proc Cd	T1017ETHAHZTF
Proc Desc	Routine Case Management, in response to a MH crisis, TCOOMMI funded
Proc Short Desc	CM crisis, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	242
Medicaid Billing Code	T1017HAHZTF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CRTC	CTAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Routine Case Management

CMH

T1017ETHATF

Published Proc Cd	T1017ETHATF
Proc Cd	T1017ETHATF
Proc Desc	Routine Case Management, in response to a MH crisis
Proc Short Desc	CM crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	242
Medicaid Billing Code	T1017HATF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CRTC	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Routine Case Management

CMH

T1017HAHZTF

Published Proc Cd	T1017HAHZTF
Proc Cd	T1017HAHZTF
Proc Desc	Routine Case Management, TCOOMMI funded
Proc Short Desc	CM, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	242
Medicaid Billing Code	T1017HAHZTF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CRTC	CTAY

PROVIDER_TYPE_CD

Allowed Values	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Routine Case Management

CMH

T1017HATF

Published Proc Cd	T1017HATF
Proc Cd	T1017HATF
Proc Desc	Routine Case Management
Proc Short Desc	CM, CMH
Unit Type	Hour/Event
Procedure Grid Cd	242
Medicaid Billing Code	T1017HATF
Medicaid Funding Source	TCM
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	D	E	F	T

LOC_A_CD

Allowed Values	C1	C2	C3	C4	C5	CEO	CRTC	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	M	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Screening

AMH

H0002H9

Published Proc Cd	H0002H9
Proc Cd	H0002H9
Proc Desc	Screening, Outpatient Competency Restoration Program
Proc Short Desc	Screening, OCR
Unit Type	Hour/Event
Procedure Grid Cd	111
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Screening and Eligibility
Proc Last Modification Date	5/1/08
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	U

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Screening

AMH

H0002HE

Published Proc Cd	H0002HE
Proc Cd	H0002HE
Proc Desc	Screening
Proc Short Desc	Screening
Unit Type	Hour/Event
Procedure Grid Cd	111
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	D	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7	L	U

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Screening

CMH

H0002HAHE

Published Proc Cd	H0002HAHE
Proc Cd	H0002HAHE
Proc Desc	Screening
Proc Short Desc	Screening CMH
Unit Type	Hour/Event
Procedure Grid Cd	211
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - Screening and Eligibility, or B.2.3 - Screening and Eligibility
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4	D	J

ENC_TYPE_CD

Allowed Values	D	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7	L	U

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Skills Training & Development, Group

AMH

H2014H9HQ

Published Proc Cd	H2014H9HQ
Proc Cd	H2014H9HQ
Proc Desc	Skills Training & Development, Group, Outpatient Competency Restoration Program
Proc Short Desc	Grp Skills Train, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014H9HQBZ

Published Proc Cd	H2014H9HQBZ
Proc Cd	H2014H9HQBZ
Proc Desc	Skills Training & Development, Group, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Grp Skills Train, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQBZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014H9HQBZU2

Published Proc Cd	H2014H9HQBZU2
Proc Cd	H2014H9HQBZU2
Proc Desc	Skills Training & Development, Group, as part of Supported Housing, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Grp Skills Train, SH, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQBZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014H9HQBZU3

Published Proc Cd	H2014H9HQBZU3
Proc Cd	H2014H9HQBZU3
Proc Desc	Skills Training & Development, Group, as part of Supported Employment, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Grp Skills Train, SE, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQBZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014H9HQU2

Published Proc Cd	H2014H9HQU2
Proc Cd	H2014H9HQU2
Proc Desc	Skills Training & Development, Group, as part of Supported Housing, Outpatient Competency Restoration Program
Proc Short Desc	Grp Skills Train, SH, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014H9HQU3

Published Proc Cd	H2014H9HQU3
Proc Cd	H2014H9HQU3
Proc Desc	Skills Training & Development, Group, as part of Supported Employment, Outpatient Competency Restoration Program
Proc Short Desc	Grp Skills Train, SE, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014HQ

Published Proc Cd	H2014HQ
Proc Cd	H2014HQ
Proc Desc	Skills Training & Development, Group
Proc Short Desc	Grp Skills Train
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014HQHZ

Published Proc Cd	H2014HQHZ
Proc Cd	H2014HQHZ
Proc Desc	Skills Training & Development, Group, TCOOMMI funded
Proc Short Desc	Grp Skills Train, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014HQBZU2

Published Proc Cd	H2014HQBZU2
Proc Cd	H2014HQBZU2
Proc Desc	Skills Training & Development, Group, as part of Supported Housing, TCOOMMI funded
Proc Short Desc	Grp Skills Train, SH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQBZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014HQBZU3

Published Proc Cd	H2014HQBZU3
Proc Cd	H2014HQBZU3
Proc Desc	Skills Training & Development, Group, as part of Supported Employment, TCOOMMI funded
Proc Short Desc	Grp Skills Train, SE, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQBZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014HQU2

Published Proc Cd	H2014HQU2
Proc Cd	H2014HQU2
Proc Desc	Skills Training & Development, Group, as part of Supported Housing
Proc Short Desc	Grp Skills Train, SH
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

AMH

H2014HQU3

Published Proc Cd	H2014HQU3
Proc Cd	H2014HQU3
Proc Desc	Skills Training & Development, Group, as part of Supported Employment
Proc Short Desc	Grp Skills Train, SE
Unit Type	Hour/Event
Procedure Grid Cd	1507
Medicaid Billing Code	H2014HQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

CMH

H2014HAHQ

Published Proc Cd	H2014HAHQ
Proc Cd	H2014HAHQ
Proc Desc	Skills Training and Development, child, adolescent and other Group
Proc Short Desc	Grp Skills Train, consmr, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2507
Medicaid Billing Code	H2014HAHQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

CMH

H2014HAHQHZ

Published Proc Cd	H2014HAHQHZ
Proc Cd	H2014HAHQHZ
Proc Desc	Skills Training and Development, Group
Proc Short Desc	Grp Skills Train, consmr, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	2507
Medicaid Billing Code	H2014HAHQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	1/1/13
Eff Dt	1/1/13
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

CMH

H2014HAHQ2

Published Proc Cd	H2014HAHQ2
Proc Cd	H2014HAHQ2
Proc Desc	Skills Training and Development, as part of Supported Housing, Group
Proc Short Desc	Grp Skills Train, consmr, SH, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2507
Medicaid Billing Code	H2014HAHQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/11
Eff Dt	11/1/11
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Group

CMH

H2014HAHQ3

Published Proc Cd	H2014HAHQ3
Proc Cd	H2014HAHQ3
Proc Desc	Skills Training and Development, as part of Supported Employment, Group
Proc Short Desc	Grp Skills Train, consmr, SE, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2507
Medicaid Billing Code	H2014HAHQ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/11
Eff Dt	11/1/11
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	HM	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014

Published Proc Cd	H2014
Proc Cd	H2014
Proc Desc	Skills Training & Development, Individual
Proc Short Desc	Indv Skills Train
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6	7

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF	SH	SR

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014H9

Published Proc Cd	H2014H9
Proc Cd	H2014H9
Proc Desc	Skills Training & Development, Individual, Outpatient Competency Restoration Program
Proc Short Desc	Invd Skills Train, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014H9HZ

Published Proc Cd	H2014H9HZ
Proc Cd	H2014H9HZ
Proc Desc	Skills Training & Development, Individual, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Invd Skills Train, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014H9HZU2

Published Proc Cd	H2014H9HZU2
Proc Cd	H2014H9HZU2
Proc Desc	Skills Training & Development, Individual, as part of Supported Housing, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv Skills Train, SH, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014H9HZU3

Published Proc Cd	H2014H9HZU3
Proc Cd	H2014H9HZU3
Proc Desc	Skills Training & Development, Individual, as part of Supported Employment, Outpatient Competency Restoration Program, TCOOMMI funded
Proc Short Desc	Indv Skills Train, SE, OCR, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014H9U2

Published Proc Cd	H2014H9U2
Proc Cd	H2014H9U2
Proc Desc	Skills Training & Development, Individual, as part of Supported Housing, Outpatient Competency Restoration Program
Proc Short Desc	Indv Skills Train, SH, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014H9U3

Published Proc Cd	H2014H9U3
Proc Cd	H2014H9U3
Proc Desc	Skills Training & Development, Individual, as part of Supported Employment, Outpatient Competency Restoration Program
Proc Short Desc	Indv Skills Train, SE, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014HZ

Published Proc Cd	H2014HZ
Proc Cd	H2014HZ
Proc Desc	Skills Training & Development, Individual, TCOOMMI funded
Proc Short Desc	Indv Skills Train, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014HZU2

Published Proc Cd	H2014HZU2
Proc Cd	H2014HZU2
Proc Desc	Skills Training & Development, Individual, as part of Supported Housing, TCOOMMI funded
Proc Short Desc	Indv Skills Train, SH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014HZU3

Published Proc Cd	H2014HZU3
Proc Cd	H2014HZU3
Proc Desc	Skills Training & Development, Individual, as part of Supported Employment, TCOOMMI funded
Proc Short Desc	Indv Skills Train, SE, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014HZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014U2

Published Proc Cd	H2014U2
Proc Cd	H2014U2
Proc Desc	Skills Training & Development, Individual, as part of Supported Housing
Proc Short Desc	Indv Skills Train, SH
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF	SR

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

AMH

H2014U3

Published Proc Cd	H2014U3
Proc Cd	H2014U3
Proc Desc	Skills Training & Development, Individual, as part of Supported Employment
Proc Short Desc	Indv Skills Train, SE
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A5	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

CMH

H2014HA

Published Proc Cd	H2014HA
Proc Cd	H2014HA
Proc Desc	Skills Training and Development, child, adolescent, and other Individual
Proc Short Desc	Indv Skills Train, consmr, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2506
Medicaid Billing Code	H2014HA
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CRTC	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5	6

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	M	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF	SH	SR

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

CMH

H2014HAHZ

Published Proc Cd	H2014HAHZ
Proc Cd	H2014HAHZ
Proc Desc	Skills Training and Development, Individual, TCOOMMI funded
Proc Short Desc	Indv Skills Train, CMH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	2506
Medicaid Billing Code	H2014HAHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	2/1/11
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CRTC	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

CMH

H2014HAHZU2

Published Proc Cd	H2014HAHZU2
Proc Cd	H2014HAHZU2
Proc Desc	Skills Training and Development, Individual, as part of Supported Housing, TCOOMMI funded
Proc Short Desc	Indv Skills Train, CMH, SH, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	2506
Medicaid Billing Code	H2014HAHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/11
Eff Dt	11/1/11
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CRTC	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

CMH

H2014HAHZU3

Published Proc Cd	H2014HAHZU3
Proc Cd	H2014HAHZU3
Proc Desc	Skills Training and Development, Individual, as part of Suported Employment, TCOOMMI funded
Proc Short Desc	Indv Skills Train, CMH, SE, TCOOMMI
Unit Type	Hour/Event
Procedure Grid Cd	2506
Medicaid Billing Code	H2014HAHZ
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/11
Eff Dt	11/1/11
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CRTC	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

CMH

H2014HAU2

Published Proc Cd	H2014HAU2
Proc Cd	H2014HAU2
Proc Desc	Skills Training and Development, Individual as part of Supported Housing
Proc Short Desc	Indv Skills Train, consmr, SH, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2506
Medicaid Billing Code	H2014HA
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/11
Eff Dt	11/1/11
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CRTC	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Skills Training & Development, Individual

CMH

H2014HAU3

Published Proc Cd	H2014HAU3
Proc Cd	H2014HAU3
Proc Desc	Skills Training and Development, Individual as part of Supported Employment
Proc Short Desc	Indv Skills Train, consmr, SE, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2506
Medicaid Billing Code	H2014HA
Medicaid Funding Source	Rehab
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	11/1/11
Eff Dt	11/1/11
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CRTC	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Supported Employment

AMH

H2023

Published Proc Cd	H2023
Proc Cd	H2023
Proc Desc	Supported Employment vocational services, non-rehab
Proc Short Desc	SE non-rehab
Unit Type	Hour/Event
Procedure Grid Cd	1504
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF	SR

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help with this report](#)

Supported Employment

AMH

H2023H9

Published Proc Cd	H2023H9
Proc Cd	H2023H9
Proc Desc	Supported Employment vocational services, non-rehab, Outpatient Competency Restoration Program
Proc Short Desc	SE non-rehab, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1504
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Supported Employment & Education

CMH

H2023HA

Published Proc Cd	H2023HA
Proc Cd	H2023HA
Proc Desc	Supported Employment and Education, vocational and educational services, non-rehab
Proc Short Desc	SE non-rehab
Unit Type	Hour/Event
Procedure Grid Cd	1504
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	C2	C3	C4	C5	CEO	CTAY	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Supported Housing Services & Supports, Non-rehab

AMH

H0046H9U1U2

Published Proc Cd	H0046H9U1U2
Proc Cd	H0046H9U1U2
Proc Desc	Supported Housing Services and Supports, non-rehab, dollars/funding provided, Outpatient Competency Restoration Program
Proc Short Desc	SH, non-rehab, Fund, OCR
Unit Type	Dollars
Procedure Grid Cd	1510
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Other
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	U

ENC_TYPE_CD

Allowed Values	U

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Supported Housing Services & Supports, Non-rehab

AMH

H0046H9U2

Published Proc Cd	H0046H9U2
Proc Cd	H0046H9U2
Proc Desc	Supported Housing Services and Supports, non-rehab, Outpatient Competency Restoration Program
Proc Short Desc	SH, non-rehab, Time, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1510
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	5/1/08
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Supported Housing Services & Supports, Non-rehab

AMH

H0046U1U2

Published Proc Cd	H0046U1U2
Proc Cd	H0046U1U2
Proc Desc	Supported Housing Services and Supports, non-rehab, dollars/funding provided
Proc Short Desc	SH, non-rehab, Fund
Unit Type	Dollars
Procedure Grid Cd	1510
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - Flex Funds, or B.2.3 - Other
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	4	U

ENC_TYPE_CD

Allowed Values	D	E	F	T	U

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Supported Housing Services & Supports, Non-rehab

AMH

H0046U2

Published Proc Cd	H0046U2
Proc Cd	H0046U2
Proc Desc	Supported Housing Services and Supports, non-rehab
Proc Short Desc	SH, non-rehab, Time
Unit Type	Hour/Event
Procedure Grid Cd	1510
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Supported Housing Services & Supports, Non-rehab

CMH

H0046HAU2

Published Proc Cd	H0046HAU2
Proc Cd	H0046HAU2
Proc Desc	Supported Housing, Services and Supports, non-rehab
Proc Short Desc	SH, non-rehab, Time
Unit Type	Hour/Event
Procedure Grid Cd	1510
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - All Other Outpatient Services, or B.2.3 - Outpatient
Proc Last Modification Date	12/1/09
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

LOC_A_CD

Allowed Values	CEO	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	E	F	G	H	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Telemedicine Facility Fee

AMH

Q3014

Published Proc Cd	Q3014
Proc Cd	Q3014
Proc Desc	Telehealth originating site facility fee, patient site
Proc Short Desc	Facility Fee
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	Q3014
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Telemedicine Facility Fee

AMH

Q3014ET

Published Proc Cd	Q3014ET
Proc Cd	Q3014ET
Proc Desc	Telehealth originating site facility fee, patient site, in response to a MH crisis
Proc Short Desc	Facility Fee, crisis
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	Q3014
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Telemedicine Facility Fee

AMH

Q3014ETH9

Published Proc Cd	Q3014ETH9
Proc Cd	Q3014ETH9
Proc Desc	Telehealth originating site facility fee, patient site, in response to a MH crisis, Outpatient Competency Restoration Program
Proc Short Desc	Facility Fee, crisis, OCR
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	Q3014
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Telemedicine Facility Fee

AMH

Q3014H9

Published Proc Cd	Q3014H9
Proc Cd	Q3014H9
Proc Desc	Telehealth originating site facility fee, patient site, Outpatient Competency Restoration Program
Proc Short Desc	Facility Fee, OCR
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	Q3014
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
[Click here for help for with this report](#)

Telemedicine Facility Fee

CMH

Q3014ETHA

Published Proc Cd	Q3014ET
Proc Cd	Q3014ETHA
Proc Desc	Telehealth originating site facility fee, patient site, in response to a MH crisis
Proc Short Desc	Facility Fee, CMH, crisis
Unit Type	Hour/Event
Procedure Grid Cd	242
Medicaid Billing Code	Q3014
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Telemedicine Facility Fee

CMH

Q3014HA

Published Proc Cd	Q3014
Proc Cd	Q3014HA
Proc Desc	Telehealth originating site facility fee, patient site
Proc Short Desc	Facility Fee, CMH
Unit Type	Hour/Event
Procedure Grid Cd	242
Medicaid Billing Code	Q3014
Medicaid Funding Source	Card
Care Report III Mapping	B.2.2.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	9/1/09
Eff Dt	9/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	J	K	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

[Click here for help for with this report](#)

Treatment Foster Care

CMH

H0041HA

Published Proc Cd	H0041HA
Proc Cd	H0041HA
Proc Desc	Treatment Foster Care
Proc Short Desc	Tx Foster Care, CMH
Unit Type	Bedday
Procedure Grid Cd	2605
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.2.1 - All Other Outpatient Services, or B.2.3 - Residential/Inpatient
Proc Last Modification Date	8/20/07
Eff Dt	9/1/07
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	F

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*