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

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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

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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

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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	*

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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	*

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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

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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

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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 *

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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	*

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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	*

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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	*

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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	*

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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	*

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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

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

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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	*

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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	*

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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	CS	HM	JA	OF	SC	SF

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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	*

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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	*

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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	*

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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

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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	*

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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

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

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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

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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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

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

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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

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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

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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

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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Crisis Services

AMH

H201195

Published Proc Cd	H201195
Proc Cd	H201195
Proc Desc	Crisis Intervention Services (Rehab), video
Proc Short Desc	Crisis Interven, Rehab, video
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	H201195
Medicaid Funding Source	Rehab
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 *

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

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Crisis Services

AMH

H201195HZ

Published Proc Cd	H201195HZ
Proc Cd	H201195HZ
Proc Desc	Crisis Intervention Services (Rehab), TCOOMMI funded, video
Proc Short Desc	Crisis Interven, Rehab, TCOOMMI, video
Unit Type	Hour/Event
Procedure Grid Cd	1505
Medicaid Billing Code	H2011HZ95
Medicaid Funding Source	Rehab
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 *

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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	*

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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	*

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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	*

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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	*

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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	*

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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

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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	H2011HZ
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	*

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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	*

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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

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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	H2011HZ
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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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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

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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

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

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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

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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

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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

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

SERVER_TYPE_CD

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

SVC_LOCATION_CD

Allowed Values	*

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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

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	*

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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

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

SERVER_TYPE_CD

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

SVC_LOCATION_CD

Allowed Values	*

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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

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	E	F	G	H	I	J	L	N	S	T

SVC_LOCATION_CD

Allowed Values	*

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Crisis Services

CMH

H201195GJHA

Published Proc Cd	H201195GJHA
Proc Cd	H201195GJHA
Proc Desc	Crisis Intervention Services, crisis false alarm, Video
Proc Short Desc	Crisis Interven, false alarm, CMH, Video
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	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	*

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Crisis Services

CMH

H201195HA

Published Proc Cd	H201195HA
Proc Cd	H201195HA
Proc Desc	Crisis Intervention Services (Rehab), video
Proc Short Desc	Crisis Interven, Rehab, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2505
Medicaid Billing Code	H2011HA95
Medicaid Funding Source	Rehab
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	*

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	*

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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	*

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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	*

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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

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	U

SERVER_TYPE_CD

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

SVC_LOCATION_CD

Allowed Values	*

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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

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

SERVER_TYPE_CD

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

SVC_LOCATION_CD

Allowed Values	*

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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

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	*

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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	*

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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	*

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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

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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	*

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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

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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

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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	*

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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

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

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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

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

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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

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

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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

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

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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

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

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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

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

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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

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

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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

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

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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

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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

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

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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

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

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

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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	*

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

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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	*

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

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

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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	*

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

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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

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

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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	*

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

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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

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

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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	*

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

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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

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

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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	*

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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 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'.

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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

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

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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	*

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

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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	*

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

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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	*

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

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

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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	*

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

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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	*

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

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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'.

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Group Counseling

AMH

9085395

Published Proc Cd	9085395
Proc Cd	9085395
Proc Desc	Group counseling by, LCSW, or LPC, via telemedicine
Proc Short Desc	Grp Counsel, LCSW, LPC, video
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	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	1	3	4

SERVER_TYPE_CD

Allowed Values	E	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

9085395AH

Published Proc Cd	9085395AH
Proc Cd	9085395AH
Proc Desc	Group counseling by, Licensed Psychologist, via telemedicine
Proc Short Desc	Grp Counsel, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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	1	3	4

SERVER_TYPE_CD

Allowed Values	B	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

9085395AHET

Published Proc Cd	9085395AHET
Proc Cd	9085395AHET
Proc Desc	Group counseling, in response to a MH crisis, by Licensed Psychologist, via telemedicine
Proc Short Desc	Grp Counsel, crisis, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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	1	3	4

SERVER_TYPE_CD

Allowed Values	B	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

9085395AHETH9

Published Proc Cd	9085395AHETH9
Proc Cd	9085395AHETH9
Proc Desc	Group counseling, in response to a MH crisis, by, Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, crisis, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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

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	B	L

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

9085395AHH9

Published Proc Cd	9085395AHH9
Proc Cd	9085395AHH9
Proc Desc	Group counseling by Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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

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	B	L

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

9085395AHH9U5

Published Proc Cd	9085395AHH9U5
Proc Cd	9085395AHH9U5
Proc Desc	Group counseling, cognitive processing therapy, by Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, CPT, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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

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	B	L

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

9085395AHU5

Published Proc Cd	9085395AHU5
Proc Cd	9085395AHU5
Proc Desc	Group counseling, cognitive processing therapy, by Licensed Psychologist, via telemedicine
Proc Short Desc	Grp Counsel, CPT, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

9085395ET

Published Proc Cd	9085395ET
Proc Cd	9085395ET
Proc Desc	Group counseling, in response to a MH crisis, by LCSW, or LPC, via telemedicine
Proc Short Desc	Grp Counsel, crisis, LCSW, LPC, video
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	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	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

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

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Group Counseling

AMH

9085395ETH9

Published Proc Cd	9085395ETH9
Proc Cd	9085395ETH9
Proc Desc	Group counseling, in response to a MH crisis, by, LCSW, or LPC, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, crisis, LCSW, LPC, OCR, video
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	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	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	*

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

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Group Counseling

AMH

9085395ETH9HL

Published Proc Cd	9085395ETH9HL
Proc Cd	9085395ETH9HL
Proc Desc	Group counseling, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, crisis, Intern, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
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

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'.

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Group Counseling

AMH

9085395ETH9U8

Published Proc Cd	9085395ETH9U8
Proc Cd	9085395ETH9U8
Proc Desc	Group counseling, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, crisis, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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

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	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'.

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Group Counseling

AMH

9085395ETH9U9

Published Proc Cd	9085395ETH9U9
Proc Cd	9085395ETH9U9
Proc Desc	Group counseling, in response to a MH crisis, by, Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, crisis, PLP, OCR, video
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

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	*

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

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Group Counseling

AMH

9085395ETH9UB

Published Proc Cd	9085395ETH9UB
Proc Cd	9085395ETH9UB
Proc Desc	Group counseling, in response to a MH crisis, by, Psychology Interns and Fellows, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, crisis, Psychology Interns and Fellows, OCR, video
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

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'.

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Group Counseling

AMH

9085395ETH9UC

Published Proc Cd	9085395ETH9UC
Proc Cd	9085395ETH9UC
Proc Desc	Group counseling, in response to a MH crisis, by, Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, crisis, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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

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	L	N

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

9085395ETHL

Published Proc Cd	9085395ETHL
Proc Cd	9085395ETHL
Proc Desc	Group counseling, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Grp Counsel, crisis, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
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	1/1/17
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	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

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

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Group Counseling

AMH

9085395ETU8

Published Proc Cd	9085395ETU8
Proc Cd	9085395ETU8
Proc Desc	Group counseling, in response to a MH crisis, by LMFT, via telemedicine
Proc Short Desc	Grp Counsel, crisis, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Group Counseling

AMH

9085395ETU9

Published Proc Cd	9085395ETU9
Proc Cd	9085395ETU9
Proc Desc	Group counseling, in response to a MH crisis, by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Grp Counsel, crisis, PLP, video
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

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

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Group Counseling

AMH

9085395ETUB

Published Proc Cd	9085395ETUB
Proc Cd	9085395ETUB
Proc Desc	Group counseling, in response to a MH crisis, by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Grp Counsel, crisis, Psychology Interns and Fellows, video
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

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

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Group Counseling

AMH

9085395ETUC

Published Proc Cd	9085395ETUC
Proc Cd	9085395ETUC
Proc Desc	Group counseling, in response to a MH crisis, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Grp Counsel, crisis, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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	1	3	4

SERVER_TYPE_CD

Allowed Values	L	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Group Counseling

AMH

9085395H9

Published Proc Cd	9085395H9
Proc Cd	9085395H9
Proc Desc	Group counseling by LCSW, or LPC, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, LCSW, LPC, OCR, video
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	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	1	3	4

SERVER_TYPE_CD

Allowed Values	E	L

SVC_LOCATION_CD

Allowed Values	*

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Group Counseling

AMH

9085395H9HL

Published Proc Cd	9085395H9HL
Proc Cd	9085395H9HL
Proc Desc	Group counseling by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, Intern, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
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

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	*

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

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Group Counseling

AMH

9085395H9HLU5

Published Proc Cd	9085395H9HLU5
Proc Cd	9085395H9HLU5
Proc Desc	Group counseling, cognitive processing therapy, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, CPT, Intern, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
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

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	L

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

9085395H9U5

Published Proc Cd	9085395H9U5
Proc Cd	9085395H9U5
Proc Desc	Group counseling, cognitive processing therapy, by LCSW, or LPC, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, CPT, LCSW, LPC, OCR, video
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	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

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	*

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Group Counseling

AMH

9085395H9U5U8

Published Proc Cd	9085395H9U5U8
Proc Cd	9085395H9U5U8
Proc Desc	Group counseling, cognitive processing therapy, by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, CPT, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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

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	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'.

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Group Counseling

AMH

9085395H9U5U9

Published Proc Cd	9085395H9U5U9
Proc Cd	9085395H9U5U9
Proc Desc	Group counseling, cognitive processing therapy, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, CPT, PLP, OCR, video
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

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'.

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Group Counseling

AMH

9085395H9U5UB

Published Proc Cd	9085395H9U5UB
Proc Cd	9085395H9U5UB
Proc Desc	Group counseling, cognitive processing therapy, by Psychology Interns and Fellows, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, CPT, Psychology Interns and Fellows, OCR, video
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

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'.

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Group Counseling

AMH

9085395H9U5UC

Published Proc Cd	9085395H9U5UC
Proc Cd	9085395H9U5UC
Proc Desc	Group counseling, cognitive processing therapy, by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, CPT, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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

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	L	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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Group Counseling

AMH

9085395H9U8

Published Proc Cd	9085395H9U8
Proc Cd	9085395H9U8
Proc Desc	Group counseling by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

9085395H9U9

Published Proc Cd	9085395H9U9
Proc Cd	9085395H9U9
Proc Desc	Group counseling by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, PLP, OCR, video
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

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'.

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Group Counseling

AMH

9085395H9UB

Published Proc Cd	9085395H9UB
Proc Cd	9085395H9UB
Proc Desc	Group counseling by Psychology Interns and Fellows, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, Psychology Interns and Fellows, OCR, video
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

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	*

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Group Counseling

AMH

9085395H9UC

Published Proc Cd	9085395H9UC
Proc Cd	9085395H9UC
Proc Desc	Group counseling by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Grp Counsel, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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

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	L	N

SVC_LOCATION_CD

Allowed Values	*

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Group Counseling

AMH

9085395HL

Published Proc Cd	9085395HL
Proc Cd	9085395HL
Proc Desc	Group counseling by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Grp Counsel, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
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	1/1/17
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	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

9085395HLU5

Published Proc Cd	9085395HLU5
Proc Cd	9085395HLU5
Proc Desc	Group counseling, cognitive processing therapy, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Grp Counsel, CPT, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
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	1/1/17
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	A1S	A2	A3	A4	A5	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'.

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Group Counseling

AMH

9085395U5

Published Proc Cd	9085395U5
Proc Cd	9085395U5
Proc Desc	Group counseling, cognitive processing therapy, by, LCSW, or LPC, via telemedicine
Proc Short Desc	Grp Counsel, CPT, LCSW, LPC, video
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	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	A1S	A2	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'.

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Group Counseling

AMH

9085395U5U8

Published Proc Cd	9085395U5U8
Proc Cd	9085395U5U8
Proc Desc	Group counseling, cognitive processing therapy, by LMFT, via telemedicine
Proc Short Desc	Grp Counsel, CPT, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

9085395U5U9

Published Proc Cd	9085395U5U9
Proc Cd	9085395U5U9
Proc Desc	Group counseling, cognitive processing therapy, by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Grp Counsel, CPT, PLP, video
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

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'.

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Group Counseling

AMH

9085395U5UB

Published Proc Cd	9085395U5UB
Proc Cd	9085395U5UB
Proc Desc	Group counseling, cognitive processing therapy, by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Grp Counsel, CPT, Psychology Interns and Fellows, video
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

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'.

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Group Counseling

AMH

9085395U5UC

Published Proc Cd	9085395U5UC
Proc Cd	9085395U5UC
Proc Desc	Group counseling, cognitive processing therapy, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Grp Counsel, CPT, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

9085395U8

Published Proc Cd	9085395U8
Proc Cd	9085395U8
Proc Desc	Group counseling by LMFT, via telemedicine
Proc Short Desc	Grp Counsel, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

9085395U9

Published Proc Cd	9085395U9
Proc Cd	9085395U9
Proc Desc	Group counseling by, Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Grp Counsel, PLP, video
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

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

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

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Group Counseling

AMH

9085395UB

Published Proc Cd	9085395UB
Proc Cd	9085395UB
Proc Desc	Group counseling by, Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Grp Counsel, Psychology Interns and Fellows, video
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

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

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

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Group Counseling

AMH

9085395UC

Published Proc Cd	9085395UC
Proc Cd	9085395UC
Proc Desc	Group counseling by, Licensed Psychological Associate, via telemedicine
Proc Short Desc	Grp Counsel, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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	1	3	4

SERVER_TYPE_CD

Allowed Values	L	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

90853AH

Published Proc Cd	90853AH
Proc Cd	90853AH
Proc Desc	Group counseling by, Licensed Psychologist
Proc Short Desc	Grp Counsel, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

90853AHET

Published Proc Cd	90853AHET
Proc Cd	90853AHET
Proc Desc	Group counseling, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Grp Counsel, crisis, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

90853AHETH9

Published Proc Cd	90853AHETH9
Proc Cd	90853AHETH9
Proc Desc	Group counseling, in response to a MH crisis, by, Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, crisis, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B	L

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

90853AHH9

Published Proc Cd	90853AHH9
Proc Cd	90853AHH9
Proc Desc	Group counseling by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	B	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'.

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Group Counseling

AMH

90853AHH9U5

Published Proc Cd	90853AHH9U5
Proc Cd	90853AHH9U5
Proc Desc	Group counseling, cognitive processing therapy, by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, CPT, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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	B	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'.

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Group Counseling

AMH

90853AHU5

Published Proc Cd	90853AHU5
Proc Cd	90853AHU5
Proc Desc	Group counseling, cognitive processing therapy, by Licensed Psychologist
Proc Short Desc	Grp Counsel, CPT, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853AH
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	B	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'.

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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

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

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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'.

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Group Counseling

AMH

90853ETH9HL

Published Proc Cd	90853ETH9HL
Proc Cd	90853ETH9HL
Proc Desc	Group counseling, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, crisis, Intern, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
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	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'.

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Group Counseling

AMH

90853ETH9U8

Published Proc Cd	90853ETH9U8
Proc Cd	90853ETH9U8
Proc Desc	Group counseling, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, crisis, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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	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'.

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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'.

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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'.

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Group Counseling

AMH

90853ETH9UC

Published Proc Cd	90853ETH9UC
Proc Cd	90853ETH9UC
Proc Desc	Group counseling, in response to a MH crisis, by, Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, crisis, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L	N

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

90853ETHL

Published Proc Cd	90853ETHL
Proc Cd	90853ETHL
Proc Desc	Group counseling, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Grp Counsel, crisis, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1303
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	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	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

90853ETU8

Published Proc Cd	90853ETU8
Proc Cd	90853ETU8
Proc Desc	Group counseling, in response to a MH crisis, by LMFT
Proc Short Desc	Grp Counsel, crisis, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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Group Counseling

AMH

90853ETUC

Published Proc Cd	90853ETUC
Proc Cd	90853ETUC
Proc Desc	Group counseling, in response to a MH crisis, by Licensed Psychological Associate
Proc Short Desc	Grp Counsel, crisis, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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Group Counseling

AMH

90853H9HL

Published Proc Cd	90853H9HL
Proc Cd	90853H9HL
Proc Desc	Group counseling by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, Intern, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
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	L

SVC_LOCATION_CD

Allowed Values	*

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Group Counseling

AMH

90853H9HLU5

Published Proc Cd	90853H9HLU5
Proc Cd	90853H9HLU5
Proc Desc	Group counseling, cognitive processing therapy, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, CPT, Intern, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
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	L

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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Group Counseling

AMH

90853H9U5U8

Published Proc Cd	90853H9U5U8
Proc Cd	90853H9U5U8
Proc Desc	Group counseling, cognitive processing therapy, by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, CPT, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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	*

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

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Group Counseling

AMH

90853H9U5UC

Published Proc Cd	90853H9U5UC
Proc Cd	90853H9U5UC
Proc Desc	Group counseling, cognitive processing therapy, by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, CPT, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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	L	N

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

90853H9U8

Published Proc Cd	90853H9U8
Proc Cd	90853H9U8
Proc Desc	Group counseling by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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

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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'.

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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	*

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Group Counseling

AMH

90853H9UC

Published Proc Cd	90853H9UC
Proc Cd	90853H9UC
Proc Desc	Group counseling by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Grp Counsel, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L	N

SVC_LOCATION_CD

Allowed Values	*

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

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Group Counseling

AMH

90853HL

Published Proc Cd	90853HL
Proc Cd	90853HL
Proc Desc	Group counseling by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Grp Counsel, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1303
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	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	6

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Group Counseling

AMH

90853HLU5

Published Proc Cd	90853HLU5
Proc Cd	90853HLU5
Proc Desc	Group counseling, cognitive processing therapy, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Grp Counsel, CPT, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1303
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	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	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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Group Counseling

AMH

90853U5U8

Published Proc Cd	90853U5U8
Proc Cd	90853U5U8
Proc Desc	Group counseling, cognitive processing therapy, by LMFT
Proc Short Desc	Grp Counsel, CPT, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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'.

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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

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

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Group Counseling

AMH

90853U5UC

Published Proc Cd	90853U5UC
Proc Cd	90853U5UC
Proc Desc	Group counseling, cognitive processing therapy, by Licensed Psychological Associate
Proc Short Desc	Grp Counsel, CPT, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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	L	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

AMH

90853U8

Published Proc Cd	90853U8
Proc Cd	90853U8
Proc Desc	Group counseling by LMFT
Proc Short Desc	Grp Counsel, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Group Counseling

AMH

90853UC

Published Proc Cd	90853UC
Proc Cd	90853UC
Proc Desc	Group counseling by, Licensed Psychological Associate
Proc Short Desc	Grp Counsel, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1303
Medicaid Billing Code	90853UC
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	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	L	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Group Counseling

CMH

90853AHETHA

Published Proc Cd	90853AHET
Proc Cd	90853AHETHA
Proc Desc	Group counseling (other than of a multiple family group), in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Grp Counsel, crisis, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853AH
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	10/1/09
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	B

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Group Counseling

CMH

90853AHHA

Published Proc Cd	90853AH
Proc Cd	90853AHHA
Proc Desc	Group counseling (other than of a multiple family group) by Licensed Psychologist
Proc Short Desc	Grp Counsel, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853AH
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	10/1/09
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	B

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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Group Counseling

CMH

90853ETHAHL

Published Proc Cd	90853ETHAHL
Proc Cd	90853ETHAHL
Proc Desc	Group counseling, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Grp Counsel, crisis, Intern, 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	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Group Counseling

CMH

90853ETHAU8

Published Proc Cd	90853ETU8
Proc Cd	90853ETHAU8
Proc Desc	Group counseling, in response to a MH crisis, by LMFT
Proc Short Desc	Grp Counsel, crisis, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Group Counseling

CMH

90853ETHAUC

Published Proc Cd	90853ETUC
Proc Cd	90853ETHAUC
Proc Desc	Group counseling (other than of a multiple family group), in response to a MH crisis, by Licensed Psychological Associate
Proc Short Desc	Grp Counsel, crisis, LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853UC
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	10/1/09
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	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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Group Counseling

CMH

90853HAHL

Published Proc Cd	90853HAHL
Proc Cd	90853HAHL
Proc Desc	Group counseling by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Grp Counsel, Intern, 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	CTAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Group Counseling

CMH

90853HAU8

Published Proc Cd	90853U8
Proc Cd	90853HAU8
Proc Desc	Group counseling by LMFT
Proc Short Desc	Grp Counsel, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Group Counseling

CMH

90853HAUC

Published Proc Cd	90853UC
Proc Cd	90853HAUC
Proc Desc	Group counseling (other than of a multiple family group) by Licensed Psychological Associate
Proc Short Desc	Grp Counsel, LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2303
Medicaid Billing Code	90853UC
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	10/1/09
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	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083295

Published Proc Cd	9083295
Proc Cd	9083295
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LPC or LCSW, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, LPC, LCSW, Via Telemedicine
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	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'.

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Individual/Family Counseling

AMH

9083295AH

Published Proc Cd	9083295AH
Proc Cd	9083295AH
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083295AHET

Published Proc Cd	9083295AHET
Proc Cd	9083295AHET
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy crisis, 16-32 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083295AHETH9

Published Proc Cd	9083295AHETH9
Proc Cd	9083295AHETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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

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	B	C

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083295AHH9

Published Proc Cd	9083295AHH9
Proc Cd	9083295AHH9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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

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	B	C

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083295AHH9U5

Published Proc Cd	9083295AHH9U5
Proc Cd	9083295AHH9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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

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

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083295AHU5

Published Proc Cd	9083295AHU5
Proc Cd	9083295AHU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist, Via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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	A1S	A2	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

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083295ET

Published Proc Cd	9083295ET
Proc Cd	9083295ET
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LPC or LCSW, Via Telemedicine
Proc Short Desc	Indv Psychotherapy crisis, 16-37 min, LPC, LCSW, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083295ETH9

Published Proc Cd	9083295ETH9
Proc Cd	9083295ETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LPC or LCSW, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPC, LCSW, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083295ETH9HL

Published Proc Cd	9083295ETH9HL
Proc Cd	9083295ETH9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Intern, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083295ETH9U8

Published Proc Cd	9083295ETH9U8
Proc Cd	9083295ETH9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083295ETH9U9

Published Proc Cd	9083295ETH9U9
Proc Cd	9083295ETH9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PLP, OCR, video
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

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	*

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

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Individual/Family Counseling

AMH

9083295ETH9UB

Published Proc Cd	9083295ETH9UB
Proc Cd	9083295ETH9UB
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, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Psychology Interns and Fellows, OCR, video
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

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'.

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Individual/Family Counseling

AMH

9083295ETH9UC

Published Proc Cd	9083295ETH9UC
Proc Cd	9083295ETH9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychological Associate, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

9083295ETHL

Published Proc Cd	9083295ETHL
Proc Cd	9083295ETHL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Via telemedicina
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083295ETU8

Published Proc Cd	9083295ETU8
Proc Cd	9083295ETU8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LMFT, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083295ETU9

Published Proc Cd	9083295ETU9
Proc Cd	9083295ETU9
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, video
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

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

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

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Individual/Family Counseling

AMH

9083295ETUB

Published Proc Cd	9083295ETUB
Proc Cd	9083295ETUB
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, video
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

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

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

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Individual/Family Counseling

AMH

9083295ETUC

Published Proc Cd	9083295ETUC
Proc Cd	9083295ETUC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy crisis, 16-37 min, LPA, videor
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083295H9

Published Proc Cd	9083295H9
Proc Cd	9083295H9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LPC or LCSW, Outpatient Competency Restoration Program , via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, LPC, LCSW, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083295H9HL

Published Proc Cd	9083295H9HL
Proc Cd	9083295H9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, Intern, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083295H9HLU5

Published Proc Cd	9083295H9HLU5
Proc Cd	9083295H9HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, Intern, OCR, video
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	1/1/17
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	A1S	A2	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	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083295H9U5

Published Proc Cd	9083295H9U5
Proc Cd	9083295H9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by LPC or LCSW, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, LPC, LCSW, OCR, video
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	1/1/17
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	A1S	A2	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	*

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Individual/Family Counseling

AMH

9083295H9U5U8

Published Proc Cd	9083295H9U5U8
Proc Cd	9083295H9U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083295H9U5U9

Published Proc Cd	9083295H9U5U9
Proc Cd	9083295H9U5U9
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

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	*

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Individual/Family Counseling

AMH

9083295H9U5UB

Published Proc Cd	9083295H9U5UB
Proc Cd	9083295H9U5UB
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

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	*

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Individual/Family Counseling

AMH

9083295H9U5UC

Published Proc Cd	9083295H9U5UC
Proc Cd	9083295H9U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083295H9U8

Published Proc Cd	9083295H9U8
Proc Cd	9083295H9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083295H9U9

Published Proc Cd	9083295H9U9
Proc Cd	9083295H9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, PLP, OCR, video
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

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	*

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Individual/Family Counseling

AMH

9083295H9UB

Published Proc Cd	9083295H9UB
Proc Cd	9083295H9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Psychology Interns and Fellows, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, Psychology Interns and Fellows, OCR, video
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

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	*

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Individual/Family Counseling

AMH

9083295H9UC

Published Proc Cd	9083295H9UC
Proc Cd	9083295H9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083295HL

Published Proc Cd	9083295HL
Proc Cd	9083295HL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	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

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Individual/Family Counseling

AMH

9083295HLU5

Published Proc Cd	9083295HLU5
Proc Cd	9083295HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	A1S	A2	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	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083295U5

Published Proc Cd	9083295U5
Proc Cd	9083295U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by LPC or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, LPC, LCSW, video
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	1/1/17
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	A1S	A2	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	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083295U5U8

Published Proc Cd	9083295U5U8
Proc Cd	9083295U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	A1S	A2	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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083295U5U9

Published Proc Cd	9083295U5U9
Proc Cd	9083295U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Provisionally Licensed Psychologist, Via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, PLP, video
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

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

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Individual/Family Counseling

AMH

9083295U5UB

Published Proc Cd	9083295U5UB
Proc Cd	9083295U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Psychology Interns and Fellows, Via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, Psychology Interns and Fellows, video
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

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

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Individual/Family Counseling

AMH

9083295U5UC

Published Proc Cd	9083295U5UC
Proc Cd	9083295U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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	A1S	A2	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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083295U8

Published Proc Cd	9083295U8
Proc Cd	9083295U8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083295U9

Published Proc Cd	9083295U9
Proc Cd	9083295U9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Provisionally Licensed Psychologist, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, PLP, video
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

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

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Individual/Family Counseling

AMH

9083295UB

Published Proc Cd	9083295UB
Proc Cd	9083295UB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Psychology Interns and Fellows, Via Telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, Psychology Interns and Fellows, video
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

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

9083295UC

Published Proc Cd	9083295UC
Proc Cd	9083295UC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37 min, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	N

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'.

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Individual/Family Counseling

AMH

90832AH

Published Proc Cd	90832AH
Proc Cd	90832AH
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 16-37 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

90832AHET

Published Proc Cd	90832AHET
Proc Cd	90832AHET
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy crisis, 16-32 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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

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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

90832AHETH9

Published Proc Cd	90832AHETH9
Proc Cd	90832AHETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program,
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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	B	C

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90832AHH9

Published Proc Cd	90832AHH9
Proc Cd	90832AHH9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 16-37 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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	B	C

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90832AHH9U5

Published Proc Cd	90832AHH9U5
Proc Cd	90832AHH9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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	B	C

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90832AHU5

Published Proc Cd	90832AHU5
Proc Cd	90832AHU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832AH
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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

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

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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	*

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

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Individual/Family Counseling

AMH

90832ETH9HL

Published Proc Cd	90832ETH9HL
Proc Cd	90832ETH9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Intern, 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	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90832ETH9U8

Published Proc Cd	90832ETH9U8
Proc Cd	90832ETH9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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'.

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Individual/Family Counseling

AMH

90832ETH9UC

Published Proc Cd	90832ETH9UC
Proc Cd	90832ETH9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

90832ETHL

Published Proc Cd	90832ETHL
Proc Cd	90832ETHL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	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'.

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Individual/Family Counseling

AMH

90832ETU8

Published Proc Cd	90832ETU8
Proc Cd	90832ETU8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LMFT
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LMFT
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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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'.

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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'.

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Individual/Family Counseling

AMH

90832ETUC

Published Proc Cd	90832ETUC
Proc Cd	90832ETUC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy crisis, 16-37 min, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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	N

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'.

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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	*

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

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Individual/Family Counseling

AMH

90832H9HL

Published Proc Cd	90832H9HL
Proc Cd	90832H9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 16-37 min, Intern, 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	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90832H9HLU5

Published Proc Cd	90832H9HLU5
Proc Cd	90832H9HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, Intern, 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	A1S	A2	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	L

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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Individual/Family Counseling

AMH

90832H9U5U8

Published Proc Cd	90832H9U5U8
Proc Cd	90832H9U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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	*

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Individual/Family Counseling

AMH

90832H9U5UC

Published Proc Cd	90832H9U5UC
Proc Cd	90832H9U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90832H9U8

Published Proc Cd	90832H9U8
Proc Cd	90832H9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 16-37 min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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	*

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Individual/Family Counseling

AMH

90832H9UC

Published Proc Cd	90832H9UC
Proc Cd	90832H9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 16-37 min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90832HL

Published Proc Cd	90832HL
Proc Cd	90832HL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 16-37 min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	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	G	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

90832HLU5

Published Proc Cd	90832HLU5
Proc Cd	90832HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, CPT, 16-37 min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	D	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	G	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

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

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Individual/Family Counseling

AMH

90832U5U8

Published Proc Cd	90832U5U8
Proc Cd	90832U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by LMFT
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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

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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

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Individual/Family Counseling

AMH

90832U5UC

Published Proc Cd	90832U5UC
Proc Cd	90832U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, CPT, 16-37min, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

90832U8

Published Proc Cd	90832U8
Proc Cd	90832U8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LMFT
Proc Short Desc	Indv Psychotherapy, 16-37 min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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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

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Individual/Family Counseling

AMH

90832UC

Published Proc Cd	90832UC
Proc Cd	90832UC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, 16-37 min, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90832UC
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	N

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'.

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Individual/Family Counseling

AMH

9083495

Published Proc Cd	9083495
Proc Cd	9083495
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by LPC or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52min, LPC, LCSW, video
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	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

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

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Individual/Family Counseling

AMH

9083495AH

Published Proc Cd	9083495AH
Proc Cd	9083495AH
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083495AHET

Published Proc Cd	9083495AHET
Proc Cd	9083495AHET
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083495AHETH9

Published Proc Cd	9083495AHETH9
Proc Cd	9083495AHETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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

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	B	C

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083495AHH9

Published Proc Cd	9083495AHH9
Proc Cd	9083495AHH9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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

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	B	C

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083495AHH9U5

Published Proc Cd	9083495AHH9U5
Proc Cd	9083495AHH9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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

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

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083495AHU5

Published Proc Cd	9083495AHU5
Proc Cd	9083495AHU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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	A1S	A2	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

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083495ET

Published Proc Cd	9083495ET
Proc Cd	9083495ET
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LPC or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LPC, LCSW, video
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	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	B	C	E

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083495ETH9

Published Proc Cd	9083495ETH9
Proc Cd	9083495ETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LPC or LCSW, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LPC, LCSW, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083495ETH9HL

Published Proc Cd	9083495ETH9HL
Proc Cd	9083495ETH9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, Intern, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083495ETH9U8

Published Proc Cd	9083495ETH9U8
Proc Cd	9083495ETH9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083495ETH9U9

Published Proc Cd	9083495ETH9U9
Proc Cd	9083495ETH9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min,PLP, OCR, video
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

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	*

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

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Individual/Family Counseling

AMH

9083495ETH9UB

Published Proc Cd	9083495ETH9UB
Proc Cd	9083495ETH9UB
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, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min,Psychology Interns and Fellows, OCR, video
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

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	*

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Individual/Family Counseling

AMH

9083495ETH9UC

Published Proc Cd	9083495ETH9UC
Proc Cd	9083495ETH9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min,LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

9083495ETHL

Published Proc Cd	9083495ETHL
Proc Cd	9083495ETHL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	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'.

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Individual/Family Counseling

AMH

9083495ETU8

Published Proc Cd	9083495ETU8
Proc Cd	9083495ETU8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083495ETU9

Published Proc Cd	9083495ETU9
Proc Cd	9083495ETU9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, PLP, video
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

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

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Individual/Family Counseling

AMH

9083495ETUB

Published Proc Cd	9083495ETUB
Proc Cd	9083495ETUB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, Psychology Interns and Fellows, video
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

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

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Individual/Family Counseling

AMH

9083495ETUC

Published Proc Cd	9083495ETUC
Proc Cd	9083495ETUC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083495H9

Published Proc Cd	9083495H9
Proc Cd	9083495H9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by LPC or LCSW, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, LPC, LCSW, OCR, video
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	1/1/17
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	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'.

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Individual/Family Counseling

AMH

9083495H9HL

Published Proc Cd	9083495H9HL
Proc Cd	9083495H9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52min, Intern, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083495H9HLU5

Published Proc Cd	9083495H9HLU5
Proc Cd	9083495H9HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, Intern, OCR, video
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	1/1/17
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	A1S	A2	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	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083495H9U5

Published Proc Cd	9083495H9U5
Proc Cd	9083495H9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by LPC or LCSW, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LPC, LCSW, OCR, video
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	1/1/17
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	A1S	A2	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	*

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

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Individual/Family Counseling

AMH

9083495H9U5U8

Published Proc Cd	9083495H9U5U8
Proc Cd	9083495H9U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes, by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083495H9U5U9

Published Proc Cd	9083495H9U5U9
Proc Cd	9083495H9U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, PLP, OCR, video
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

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	*

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

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Individual/Family Counseling

AMH

9083495H9U5UB

Published Proc Cd	9083495H9U5UB
Proc Cd	9083495H9U5UB
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, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, Psychology Interns and Fellows, OCR, video
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

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	*

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

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Individual/Family Counseling

AMH

9083495H9U5UC

Published Proc Cd	9083495H9U5UC
Proc Cd	9083495H9U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083495H9U8

Published Proc Cd	9083495H9U8
Proc Cd	9083495H9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083495H9U9

Published Proc Cd	9083495H9U9
Proc Cd	9083495H9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, PLP, OCR, video
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

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	*

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

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Individual/Family Counseling

AMH

9083495H9UB

Published Proc Cd	9083495H9UB
Proc Cd	9083495H9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Psychology Interns and Fellows, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, Psychology Interns and Fellows, OCR, video
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

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	*

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Individual/Family Counseling

AMH

9083495H9UC

Published Proc Cd	9083495H9UC
Proc Cd	9083495H9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083495HL

Published Proc Cd	9083495HL
Proc Cd	9083495HL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	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

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

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Individual/Family Counseling

AMH

9083495HLU5

Published Proc Cd	9083495HLU5
Proc Cd	9083495HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	A1S	A2	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	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083495U5

Published Proc Cd	9083495U5
Proc Cd	9083495U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by LPC or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LPC, LCSW, video
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	1/1/17
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	A1S	A2	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	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083495U5U8

Published Proc Cd	9083495U5U8
Proc Cd	9083495U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes, by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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	A1S	A2	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	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'.

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Individual/Family Counseling

AMH

9083495U5U9

Published Proc Cd	9083495U5U9
Proc Cd	9083495U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, PLP, video
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

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

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

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Individual/Family Counseling

AMH

9083495U5UB

Published Proc Cd	9083495U5UB
Proc Cd	9083495U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, Psychology Interns and Fellows, video
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

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

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

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Individual/Family Counseling

AMH

9083495U5UC

Published Proc Cd	9083495U5UC
Proc Cd	9083495U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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	A1S	A2	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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083495U8

Published Proc Cd	9083495U8
Proc Cd	9083495U8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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	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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083495U9

Published Proc Cd	9083495U9
Proc Cd	9083495U9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, PLP, video
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

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

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Individual/Family Counseling

AMH

9083495UB

Published Proc Cd	9083495UB
Proc Cd	9083495UB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, Psychology Interns and Fellows, video
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

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

9083495UC

Published Proc Cd	9083495UC
Proc Cd	9083495UC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	N

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'.

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Individual/Family Counseling

AMH

90834AH

Published Proc Cd	90834AH
Proc Cd	90834AH
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 38-52 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

90834AHET

Published Proc Cd	90834AHET
Proc Cd	90834AHET
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

90834AHETH9

Published Proc Cd	90834AHETH9
Proc Cd	90834AHETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min,PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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	B	C

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90834AHH9

Published Proc Cd	90834AHH9
Proc Cd	90834AHH9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 38-52 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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	B	C

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90834AHH9U5

Published Proc Cd	90834AHH9U5
Proc Cd	90834AHH9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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	B	C

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90834AHU5

Published Proc Cd	90834AHU5
Proc Cd	90834AHU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834AH
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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

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

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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	*

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

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Individual/Family Counseling

AMH

90834ETH9HL

Published Proc Cd	90834ETH9HL
Proc Cd	90834ETH9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, Intern, 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	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90834ETH9U8

Published Proc Cd	90834ETH9U8
Proc Cd	90834ETH9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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'.

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Individual/Family Counseling

AMH

90834ETH9UC

Published Proc Cd	90834ETH9UC
Proc Cd	90834ETH9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min,LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

90834ETHL

Published Proc Cd	90834ETHL
Proc Cd	90834ETHL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	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'.

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Individual/Family Counseling

AMH

90834ETU8

Published Proc Cd	90834ETU8
Proc Cd	90834ETU8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LMFT
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

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

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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

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

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Individual/Family Counseling

AMH

90834ETUC

Published Proc Cd	90834ETUC
Proc Cd	90834ETUC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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	*

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

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Individual/Family Counseling

AMH

90834H9HL

Published Proc Cd	90834H9HL
Proc Cd	90834H9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 38-52min, Intern, 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	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90834H9HLU5

Published Proc Cd	90834H9HLU5
Proc Cd	90834H9HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, Intern, 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	A1S	A2	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	L

SVC_LOCATION_CD

Allowed Values	*

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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	*

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Individual/Family Counseling

AMH

90834H9U5U8

Published Proc Cd	90834H9U5U8
Proc Cd	90834H9U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes, by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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	*

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Individual/Family Counseling

AMH

90834H9U5UC

Published Proc Cd	90834H9U5UC
Proc Cd	90834H9U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90834H9U8

Published Proc Cd	90834H9U8
Proc Cd	90834H9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 38-52 min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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	*

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Individual/Family Counseling

AMH

90834H9UC

Published Proc Cd	90834H9UC
Proc Cd	90834H9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 38-52 min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90834HL

Published Proc Cd	90834HL
Proc Cd	90834HL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 38-52 min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	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	G	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

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Individual/Family Counseling

AMH

90834HLU5

Published Proc Cd	90834HLU5
Proc Cd	90834HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	A1S	A2	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	G	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

90834U5U8

Published Proc Cd	90834U5U8
Proc Cd	90834U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes, by LMFT
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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

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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

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

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Individual/Family Counseling

AMH

90834U5UC

Published Proc Cd	90834U5UC
Proc Cd	90834U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, CPT, 38-52 min, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

90834U8

Published Proc Cd	90834U8
Proc Cd	90834U8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, by LMFT
Proc Short Desc	Indv Psychotherapy, 38-52 min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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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

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Individual/Family Counseling

AMH

90834UC

Published Proc Cd	90834UC
Proc Cd	90834UC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes face-to-face by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, 38-52 min, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90834UC
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	N

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'.

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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'.

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Individual/Family Counseling

AMH

9083795

Published Proc Cd	9083795
Proc Cd	9083795
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LPC or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, LPC, LCSW, 53+ min, video
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	1/1/17
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	E

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083795AH

Published Proc Cd	9083795AH
Proc Cd	9083795AH
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, PhD, 53+ min, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083795AHET

Published Proc Cd	9083795AHET
Proc Cd	9083795AHET
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083795AHETH9

Published Proc Cd	9083795AHETH9
Proc Cd	9083795AHETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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

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	B	C

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795AHH9

Published Proc Cd	9083795AHH9
Proc Cd	9083795AHH9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+ min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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

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	B	C

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795AHH9U5

Published Proc Cd	9083795AHH9U5
Proc Cd	9083795AHH9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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

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

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795AHU5

Published Proc Cd	9083795AHU5
Proc Cd	9083795AHU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, PhD, 53+ min, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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	A1S	A2	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

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083795ET

Published Proc Cd	9083795ET
Proc Cd	9083795ET
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LPC or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LPC, LCSW, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083795ETH9

Published Proc Cd	9083795ETH9
Proc Cd	9083795ETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LPC or LCSW, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LPC, LCSW, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795ETH9HL

Published Proc Cd	9083795ETH9HL
Proc Cd	9083795ETH9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Intern, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083795ETH9U8

Published Proc Cd	9083795ETH9U8
Proc Cd	9083795ETH9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083795ETH9U9

Published Proc Cd	9083795ETH9U9
Proc Cd	9083795ETH9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PLP, OCR, video
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

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	*

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

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Individual/Family Counseling

AMH

9083795ETH9UB

Published Proc Cd	9083795ETH9UB
Proc Cd	9083795ETH9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Psychology Interns and Fellows, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Psychology Interns and Fellows, OCR, video
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

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	*

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Individual/Family Counseling

AMH

9083795ETH9UC

Published Proc Cd	9083795ETH9UC
Proc Cd	9083795ETH9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795ETHL

Published Proc Cd	9083795ETHL
Proc Cd	9083795ETHL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Intern, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083795ETU8

Published Proc Cd	9083795ETU8
Proc Cd	9083795ETU8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis,53+ min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083795ETU9

Published Proc Cd	9083795ETU9
Proc Cd	9083795ETU9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PLP, video
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

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

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Individual/Family Counseling

AMH

9083795ETUB

Published Proc Cd	9083795ETUB
Proc Cd	9083795ETUB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Psychology Interns and Fellows, video
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

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

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Individual/Family Counseling

AMH

9083795ETUC

Published Proc Cd	9083795ETUC
Proc Cd	9083795ETUC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis,53+ min, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083795H9

Published Proc Cd	9083795H9
Proc Cd	9083795H9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LPC or LCSW, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+ min, LPC, LCSW, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	E

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083795H9HL

Published Proc Cd	9083795H9HL
Proc Cd	9083795H9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+ min, Intern, OCR, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	L

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795H9HLU5

Published Proc Cd	9083795H9HLU5
Proc Cd	9083795H9HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT,53+ min, Intern, OCR, video
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	1/1/17
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	A1S	A2	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	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9083795H9U5

Published Proc Cd	9083795H9U5
Proc Cd	9083795H9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by LPC or LCSW, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, LPC, LCSW, OCR, video
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	1/1/17
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	A1S	A2	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	*

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

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Individual/Family Counseling

AMH

9083795H9U5U8

Published Proc Cd	9083795H9U5U8
Proc Cd	9083795H9U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795H9U5U9

Published Proc Cd	9083795H9U5U9
Proc Cd	9083795H9U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, PLP, OCR, video
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

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	*

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Individual/Family Counseling

AMH

9083795H9U5UB

Published Proc Cd	9083795H9U5UB
Proc Cd	9083795H9U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, Psychology Interns and Fellows, OCR, video
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

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	*

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

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Individual/Family Counseling

AMH

9083795H9U5UC

Published Proc Cd	9083795H9U5UC
Proc Cd	9083795H9U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate, Outpatient Competency Restoration Program , via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795H9U8

Published Proc Cd	9083795H9U8
Proc Cd	9083795H9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+ min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795H9U9

Published Proc Cd	9083795H9U9
Proc Cd	9083795H9U9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+ min, PLP, OCR, video
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

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	*

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Individual/Family Counseling

AMH

9083795H9UB

Published Proc Cd	9083795H9UB
Proc Cd	9083795H9UB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+ min, Psychology Interns and Fellows, OCR, video
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

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	*

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Individual/Family Counseling

AMH

9083795H9UC

Published Proc Cd	9083795H9UC
Proc Cd	9083795H9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+ min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9083795HL

Published Proc Cd	9083795HL
Proc Cd	9083795HL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+ min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	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

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Individual/Family Counseling

AMH

9083795HLU5

Published Proc Cd	9083795HLU5
Proc Cd	9083795HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	A1S	A2	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	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083795U5

Published Proc Cd	9083795U5
Proc Cd	9083795U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by LPC or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, LPC, LCSW, 53+ min, video
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	1/1/17
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	A1S	A2	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

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

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Individual/Family Counseling

AMH

9083795U5U8

Published Proc Cd	9083795U5U8
Proc Cd	9083795U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	A1S	A2	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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

9083795U5U9

Published Proc Cd	9083795U5U9
Proc Cd	9083795U5U9
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, PLP, 53+ min, video
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

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

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Individual/Family Counseling

AMH

9083795U5UB

Published Proc Cd	9083795U5UB
Proc Cd	9083795U5UB
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, Psychology Interns and Fellows, 53+ min, video
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

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

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Individual/Family Counseling

AMH

9083795U5UC

Published Proc Cd	9083795U5UC
Proc Cd	9083795U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, CPT, LPA, 53+ min, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837U5UC
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	A1S	A2	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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083795U8

Published Proc Cd	9083795U8
Proc Cd	9083795U8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+ min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

9083795U9

Published Proc Cd	9083795U9
Proc Cd	9083795U9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, PLP, 53+ min, video
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

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

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Individual/Family Counseling

AMH

9083795UB

Published Proc Cd	9083795UB
Proc Cd	9083795UB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, Psychology Interns and Fellows, 53+ min, video
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

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'.

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Individual/Family Counseling

AMH

9083795UC

Published Proc Cd	9083795UC
Proc Cd	9083795UC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, LPA, 53+ min, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	N

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'.

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Individual/Family Counseling

AMH

90837AH

Published Proc Cd	90837AH
Proc Cd	90837AH
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, PhD, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

90837AHET

Published Proc Cd	90837AHET
Proc Cd	90837AHET
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

90837AHETH9

Published Proc Cd	90837AHETH9
Proc Cd	90837AHETH9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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	B	C

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90837AHH9

Published Proc Cd	90837AHH9
Proc Cd	90837AHH9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 53+ min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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	B	C

SVC_LOCATION_CD

Allowed Values	*

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

AMH

90837AHH9U5

Published Proc Cd	90837AHH9U5
Proc Cd	90837AHH9U5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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	B	C

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90837AHU5

Published Proc Cd	90837AHU5
Proc Cd	90837AHU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, CPT, PhD, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837AH
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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

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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	*

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Individual/Family Counseling

AMH

90837ETH9HL

Published Proc Cd	90837ETH9HL
Proc Cd	90837ETH9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Intern, 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	L

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90837ETH9U8

Published Proc Cd	90837ETH9U8
Proc Cd	90837ETH9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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	*

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

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Individual/Family Counseling

AMH

90837ETH9UC

Published Proc Cd	90837ETH9UC
Proc Cd	90837ETH9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90837ETHL

Published Proc Cd	90837ETHL
Proc Cd	90837ETHL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Intern
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	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

AMH

90837ETU8

Published Proc Cd	90837ETU8
Proc Cd	90837ETU8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LMFT
Proc Short Desc	Indv Psychotherapy, crisis,53+ min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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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

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

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Individual/Family Counseling

AMH

90837ETUC

Published Proc Cd	90837ETUC
Proc Cd	90837ETUC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, crisis,53+ min, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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	*

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Individual/Family Counseling

AMH

90837H9HL

Published Proc Cd	90837H9HL
Proc Cd	90837H9HL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 53+ min, Intern, 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	L

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90837H9HLU5

Published Proc Cd	90837H9HLU5
Proc Cd	90837H9HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT,53+ min, Intern, 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	A1S	A2	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	L

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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Individual/Family Counseling

AMH

90837H9U5U8

Published Proc Cd	90837H9U5U8
Proc Cd	90837H9U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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	*

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Individual/Family Counseling

AMH

90837H9U5UC

Published Proc Cd	90837H9U5UC
Proc Cd	90837H9U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90837H9U8

Published Proc Cd	90837H9U8
Proc Cd	90837H9U8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 53+ min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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	*

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Individual/Family Counseling

AMH

90837H9UC

Published Proc Cd	90837H9UC
Proc Cd	90837H9UC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Indv Psychotherapy, 53+ min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90837HL

Published Proc Cd	90837HL
Proc Cd	90837HL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 53+ min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	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	G	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

90837HLU5

Published Proc Cd	90837HLU5
Proc Cd	90837HLU5
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	A1S	A2	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

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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	*

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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

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Individual/Family Counseling

AMH

90837U5U8

Published Proc Cd	90837U5U8
Proc Cd	90837U5U8
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by LMFT
Proc Short Desc	Indv Psychotherapy, CPT, 53+ min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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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

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Individual/Family Counseling

AMH

90837U5UC

Published Proc Cd	90837U5UC
Proc Cd	90837U5UC
Proc Desc	Individual psychotherapy, cognitive processing therapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, CPT, LPA, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837U5UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

AMH

90837U8

Published Proc Cd	90837U8
Proc Cd	90837U8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LMFT
Proc Short Desc	Indv Psychotherapy, 53+ min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	N/A
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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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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

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Individual/Family Counseling

AMH

90837UC

Published Proc Cd	90837UC
Proc Cd	90837UC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, LPA, 53+ min
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90837UC
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	N

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'.

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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'.
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Individual/Family Counseling

AMH

9084695

Published Proc Cd	9084695
Proc Cd	9084695
Proc Desc	Family Psychotherapy without the Patient, by LPC or LCSW, Video
Proc Short Desc	Family Psychotherapy without the Patient, LPC, LCSW, Video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	9084695
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	1	2	3	4

ENC_TYPE_CD

Allowed Values	D	E	F	T	U

LOC_A_CD

Allowed Values	A2	A4	A5	AEO

PROVIDER_TYPE_CD

Allowed Values	EP	IP	NA

RECIPIENT_CD

Allowed Values	*

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	*

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Individual/Family Counseling

AMH

9084695AH

Published Proc Cd	9084695AH
Proc Cd	9084695AH
Proc Desc	Family Psychotherapy without the Patient by Licensed Psychologist,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846AH
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	B

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9084695AHET

Published Proc Cd	9084695AHET
Proc Cd	9084695AHET
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Licensed Psychologist,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846AH
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	B

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9084695AHETH9

Published Proc Cd	9084695AHETH9
Proc Cd	9084695AHETH9
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, PhD, OCR , video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846AH
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

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	B

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9084695AHH9

Published Proc Cd	9084695AHH9
Proc Cd	9084695AHH9
Proc Desc	Family Psychotherapy without the Patient by Licensed Psychologist, Outpatient Competency Restoration Program,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846AH
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

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	B

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9084695ET

Published Proc Cd	9084695ET
Proc Cd	9084695ET
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by LPC or LCSW, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LPC, LCSW, video
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

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	*

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Individual/Family Counseling

AMH

9084695ETH9

Published Proc Cd	9084695ETH9
Proc Cd	9084695ETH9
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by LPC or LCSW, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LPC, LCSW, OCR, video
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

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	*

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Individual/Family Counseling

AMH

9084695ETH9HL

Published Proc Cd	9084695ETH9HL
Proc Cd	9084695ETH9HL
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Intern, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	
Medicaid Funding Source	N/A
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

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	*

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

AMH

9084695ETH9U7

Published Proc Cd	9084695ETH9U7
Proc Cd	9084695ETH9U7
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Psysician Assistant, Outpatient Competency Restoration Program,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, PA, OCR , video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U7
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	

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9084695ETH9U8

Published Proc Cd	9084695ETH9U8
Proc Cd	9084695ETH9U8
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program, Via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U8
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

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	F

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9084695ETH9U9

Published Proc Cd	9084695ETH9U9
Proc Cd	9084695ETH9U9
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,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Pre-Doc Intern or Post Doc Psych fellow, OCR , vid
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

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	*

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Individual/Family Counseling

AMH

9084695ETH9UB

Published Proc Cd	9084695ETH9UB
Proc Cd	9084695ETH9UB
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,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Pre-Doc Intern or Post Doc Psych fellow, OCR , vid
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

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	*

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Individual/Family Counseling

AMH

9084695ETH9UC

Published Proc Cd	9084695ETH9UC
Proc Cd	9084695ETH9UC
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9084695ETHL

Published Proc Cd	9084695ETHL
Proc Cd	9084695ETHL
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	*

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

AMH

9084695ETU7

Published Proc Cd	9084695ETU7
Proc Cd	9084695ETU7
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Psysician Assistant,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U7
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	

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9084695ETU8

Published Proc Cd	9084695ETU8
Proc Cd	9084695ETU8
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by LMFT, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9084695ETU9

Published Proc Cd	9084695ETU9
Proc Cd	9084695ETU9
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Pre-Doc Intern or Post Doc Psych fellow,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Pre-Doc Intern or Post Doc Psych fellow, video
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	*

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Individual/Family Counseling

AMH

9084695ETUB

Published Proc Cd	9084695ETUB
Proc Cd	9084695ETUB
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Pre-Doc Intern or Post Doc Psych fellow,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Pre-Doc Intern or Post Doc Psych fellow, video
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	*

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Individual/Family Counseling

AMH

9084695ETUC

Published Proc Cd	9084695ETUC
Proc Cd	9084695ETUC
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9084695H9

Published Proc Cd	9084695H9
Proc Cd	9084695H9
Proc Desc	Family Psychotherapy without the Patient by LPC or LCSW,, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, LPC, LCSW, OCR, video
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

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	*

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

AMH

9084695H9HL

Published Proc Cd	9084695H9HL
Proc Cd	9084695H9HL
Proc Desc	Family Psychotherapy without the Patient , by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, Intern, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	
Medicaid Funding Source	N/A
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

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	*

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

AMH

9084695H9U7

Published Proc Cd	9084695H9U7
Proc Cd	9084695H9U7
Proc Desc	Family Psychotherapy without the Patient by Psysician Assistant, Outpatient Competency Restoration Program,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U7
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	

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

9084695H9U8

Published Proc Cd	9084695H9U8
Proc Cd	9084695H9U8
Proc Desc	Family Psychotherapy without the Patient , by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U8
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

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	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'.

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Individual/Family Counseling

AMH

9084695H9U9

Published Proc Cd	9084695H9U9
Proc Cd	9084695H9U9
Proc Desc	Family Psychotherapy without the Patient by Pre-Doc Intern or Post Doc Psych fellow, Outpatient Competency Restoration Program,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, Pre-Doc Intern or Post Doc Psych fellow, OCR, video
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

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	*

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

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Individual/Family Counseling

AMH

9084695H9UB

Published Proc Cd	9084695H9UB
Proc Cd	9084695H9UB
Proc Desc	Family Psychotherapy without the Patient by Pre-Doc Intern or Post Doc Psych fellow, Outpatient Competency Restoration Program,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, Pre-Doc Intern or Post Doc Psych fellow, OCR, video
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

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'.

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Individual/Family Counseling

AMH

9084695H9UC

Published Proc Cd	9084695H9UC
Proc Cd	9084695H9UC
Proc Desc	Family Psychotherapy without the Patient , by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9084695HL

Published Proc Cd	9084695HL
Proc Cd	9084695HL
Proc Desc	Family Psychotherapy without the Patient , by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	*

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

AMH

9084695U7

Published Proc Cd	9084695U7
Proc Cd	9084695U7
Proc Desc	Family Psychotherapy without the Patient by Psysician Assistant,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U7
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	

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

9084695U8

Published Proc Cd	9084695U8
Proc Cd	9084695U8
Proc Desc	Family Psychotherapy without the Patient , by LMFT, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9084695U9

Published Proc Cd	9084695U9
Proc Cd	9084695U9
Proc Desc	Family Psychotherapy without the Patient by Pre-Doc Intern or Post Doc Psych fellow,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, Pre-Doc Intern or Post Doc Psych fellow, video
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	*

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

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Individual/Family Counseling

AMH

9084695UB

Published Proc Cd	9084695UB
Proc Cd	9084695UB
Proc Desc	Family Psychotherapy without the Patient by Pre-Doc Intern or Post Doc Psych fellow,, via telemedicine
Proc Short Desc	Family Psychotherapy without the Patient, Pre-Doc Intern or Post Doc Psych fellow, video
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	*

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Individual/Family Counseling

AMH

90846AH

Published Proc Cd	90846AH
Proc Cd	90846AH
Proc Desc	Family Psychotherapy without the Patient by Licensed Psychologist,
Proc Short Desc	Family Psychotherapy without the Patient, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846AH
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	B

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90846AHET

Published Proc Cd	90846AHET
Proc Cd	90846AHET
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Licensed Psychologist,
Proc Short Desc	Family Psychotherapy without the Patient, crisis, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846AH
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	B

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90846AHETH9

Published Proc Cd	90846AHETH9
Proc Cd	90846AHETH9
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program,
Proc Short Desc	Family Psychotherapy without the Patient, crisis, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846AH
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	B

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90846AHH9

Published Proc Cd	90846AHH9
Proc Cd	90846AHH9
Proc Desc	Family Psychotherapy without the Patient by Licensed Psychologist, Outpatient Competency Restoration Program,
Proc Short Desc	Family Psychotherapy without the Patient, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846AH
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	B

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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

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Individual/Family Counseling

AMH

90846ETH9HL

Published Proc Cd	90846ETH9HL
Proc Cd	90846ETH9HL
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Intern, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	
Medicaid Funding Source	N/A
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	*

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

AMH

90846ETH9U7

Published Proc Cd	90846ETH9U7
Proc Cd	90846ETH9U7
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Psysician Assistant, Outpatient Competency Restoration Program,
Proc Short Desc	Family Psychotherapy without the Patient, crisis, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U7
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	

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

90846ETH9U8

Published Proc Cd	90846ETH9U8
Proc Cd	90846ETH9U8
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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'.

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Individual/Family Counseling

AMH

90846ETH9UC

Published Proc Cd	90846ETH9UC
Proc Cd	90846ETH9UC
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

90846ETHL

Published Proc Cd	90846ETHL
Proc Cd	90846ETHL
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Family Psychotherapy without the Patient, crisis, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	*

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

AMH

90846ETU7

Published Proc Cd	90846ETU7
Proc Cd	90846ETU7
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis, by Psysician Assistant,
Proc Short Desc	Family Psychotherapy without the Patient, crisis, PA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U7
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	

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

90846ETU8

Published Proc Cd	90846ETU8
Proc Cd	90846ETU8
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by LMFT
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U8
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	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'.

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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'.

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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'.

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Individual/Family Counseling

AMH

90846ETUC

Published Proc Cd	90846ETUC
Proc Cd	90846ETUC
Proc Desc	Family Psychotherapy without the Patient, in response to a MH crisis,, by Licensed Psychological Associate
Proc Short Desc	Family Psychotherapy without the Patient, crisis, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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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	*

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

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Individual/Family Counseling

AMH

90846H9HL

Published Proc Cd	90846H9HL
Proc Cd	90846H9HL
Proc Desc	Family Psychotherapy without the Patient , by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Family Psychotherapy without the Patient, Intern, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	
Medicaid Funding Source	N/A
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	*

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

AMH

90846H9U7

Published Proc Cd	90846H9U7
Proc Cd	90846H9U7
Proc Desc	Family Psychotherapy without the Patient by Psysician Assistant, Outpatient Competency Restoration Program,
Proc Short Desc	Family Psychotherapy without the Patient, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U7
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	

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90846H9U8

Published Proc Cd	90846H9U8
Proc Cd	90846H9U8
Proc Desc	Family Psychotherapy without the Patient , by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Family Psychotherapy without the Patient, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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	*

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

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Individual/Family Counseling

AMH

90846H9UC

Published Proc Cd	90846H9UC
Proc Cd	90846H9UC
Proc Desc	Family Psychotherapy without the Patient , by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Family Psychotherapy without the Patient, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

AMH

90846HL

Published Proc Cd	90846HL
Proc Cd	90846HL
Proc Desc	Family Psychotherapy without the Patient , by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Family Psychotherapy without the Patient, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	*

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

AMH

90846U7

Published Proc Cd	90846U7
Proc Cd	90846U7
Proc Desc	Family Psychotherapy without the Patient by Psysician Assistant,
Proc Short Desc	Family Psychotherapy without the Patient, PA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U7
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	

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90846U8

Published Proc Cd	90846U8
Proc Cd	90846U8
Proc Desc	Family Psychotherapy without the Patient , by LMFT
Proc Short Desc	Family Psychotherapy without the Patient, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

90846UC

Published Proc Cd	90846UC
Proc Cd	90846UC
Proc Desc	Family Psychotherapy without the Patient , by Licensed Psychological Associate
Proc Short Desc	Family Psychotherapy without the Patient, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90846UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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

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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

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

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Individual/Family Counseling

AMH

9084795

Published Proc Cd	9084795
Proc Cd	9084795
Proc Desc	Family counseling by LPC or LCSW, via telemedicine
Proc Short Desc	Family Counsel, 50 minutes, LPC, LCSW, video
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	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	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

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

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Individual/Family Counseling

AMH

9084795AH

Published Proc Cd	9084795AH
Proc Cd	9084795AH
Proc Desc	Family counseling by Licensed Psychologist, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847AH
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	AEO	ATAY

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	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

AMH

9084795AHET

Published Proc Cd	9084795AHET
Proc Cd	9084795AHET
Proc Desc	Family counseling, in response to a MH crisis, by Licensed Psychologist, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847AH
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	AEO	ATAY

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	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

AMH

9084795AHETH9

Published Proc Cd	9084795AHETH9
Proc Cd	9084795AHETH9
Proc Desc	Family counseling, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, PhD, OCR , video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847AH
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

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	B

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

9084795AHH9

Published Proc Cd	9084795AHH9
Proc Cd	9084795AHH9
Proc Desc	Family counseling by Licensed Psychologist, Outpatient Competency Restoration Program, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847AH
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

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	B

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

9084795ET

Published Proc Cd	9084795ET
Proc Cd	9084795ET
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by LPC or LCSW, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPC, LCSW, video
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	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	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

9084795ETH9

Published Proc Cd	9084795ETH9
Proc Cd	9084795ETH9
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by LPC or LCSW, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPC, LCSW, OCR, video
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	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	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'.

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Individual/Family Counseling

AMH

9084795ETH9HL

Published Proc Cd	9084795ETH9HL
Proc Cd	9084795ETH9HL
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, Intern, OCR, video
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	1/1/17
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	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

9084795ETH9U8

Published Proc Cd	9084795ETH9U8
Proc Cd	9084795ETH9U8
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes by LMFT, Outpatient Competency Restoration Program, Via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U8
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

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	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'.

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Individual/Family Counseling

AMH

9084795ETH9U9

Published Proc Cd	9084795ETH9U9
Proc Cd	9084795ETH9U9
Proc Desc	Family counseling, in response to a MH crisis, by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, PLP, OCR , video
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

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	*

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

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Individual/Family Counseling

AMH

9084795ETH9UB

Published Proc Cd	9084795ETH9UB
Proc Cd	9084795ETH9UB
Proc Desc	Family counseling, in response to a MH crisis, by Psychology Interns and Fellows, Outpatient Competency Restoration Program, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, Psychology Interns and Fellows, OCR , video
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

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'.

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Individual/Family Counseling

AMH

9084795ETH9UC

Published Proc Cd	9084795ETH9UC
Proc Cd	9084795ETH9UC
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

9084795ETHL

Published Proc Cd	9084795ETHL
Proc Cd	9084795ETHL
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	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

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

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Individual/Family Counseling

AMH

9084795ETU8

Published Proc Cd	9084795ETU8
Proc Cd	9084795ETU8
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by LMFT, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U8
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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

AMH

9084795ETU9

Published Proc Cd	9084795ETU9
Proc Cd	9084795ETU9
Proc Desc	Family counseling, in response to a MH crisis, by Provisionally Licensed Psychologist, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, PLP, video
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

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

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

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Individual/Family Counseling

AMH

9084795ETUB

Published Proc Cd	9084795ETUB
Proc Cd	9084795ETUB
Proc Desc	Family counseling, in response to a MH crisis, by Psychology Interns and Fellows, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, Psychology Interns and Fellows, video
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

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

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

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Individual/Family Counseling

AMH

9084795ETUC

Published Proc Cd	9084795ETUC
Proc Cd	9084795ETUC
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPA, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UC
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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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Individual/Family Counseling

AMH

9084795H9

Published Proc Cd	9084795H9
Proc Cd	9084795H9
Proc Desc	Family counseling by LPC or LCSW, approximately 45-50 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Counsel,45-50 min, LPC, LCSW, OCR, video
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	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	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'.

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Individual/Family Counseling

AMH

9084795H9HL

Published Proc Cd	9084795H9HL
Proc Cd	9084795H9HL
Proc Desc	Family counseling approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, Intern, OCR, video
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	1/1/17
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	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'.

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Individual/Family Counseling

AMH

9084795H9U8

Published Proc Cd	9084795H9U8
Proc Cd	9084795H9U8
Proc Desc	Family counseling approximately 45-50 minutes, by LMFT, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, LMFT, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U8
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

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	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](#)

Individual/Family Counseling

AMH

9084795H9U9

Published Proc Cd	9084795H9U9
Proc Cd	9084795H9U9
Proc Desc	Family counseling by Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, PLP, OCR, video
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

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'.

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Individual/Family Counseling

AMH

9084795H9UB

Published Proc Cd	9084795H9UB
Proc Cd	9084795H9UB
Proc Desc	Family counseling by Psychology Interns and Fellows, Outpatient Competency Restoration Program, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, Psychology Interns and Fellows, OCR, video
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

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'.

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Individual/Family Counseling

AMH

9084795H9UC

Published Proc Cd	9084795H9UC
Proc Cd	9084795H9UC
Proc Desc	Family counseling approximately 45-50 minutes, by Licensed Psychological Associate, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, LPA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UC
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

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	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

9084795HL

Published Proc Cd	9084795HL
Proc Cd	9084795HL
Proc Desc	Family counseling approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, Intern, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	1/1/17
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	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'.

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Individual/Family Counseling

AMH

9084795U8

Published Proc Cd	9084795U8
Proc Cd	9084795U8
Proc Desc	Family counseling approximately 45-50 minutes, by LMFT, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, LMFT, video
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U8
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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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Individual/Family Counseling

AMH

9084795U9

Published Proc Cd	9084795U9
Proc Cd	9084795U9
Proc Desc	Family counseling by Provisionally Licensed Psychologist, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, PLP, video
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

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'.

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Individual/Family Counseling

AMH

9084795UB

Published Proc Cd	9084795UB
Proc Cd	9084795UB
Proc Desc	Family counseling by Psychology Interns and Fellows, approximately 45-50 minutes, via telemedicine
Proc Short Desc	Family Counsel, 45-50 min, Psychology Interns and Fellows, video
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

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'.

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Individual/Family Counseling

AMH

90847AH

Published Proc Cd	90847AH
Proc Cd	90847AH
Proc Desc	Family counseling by Licensed Psychologist, approximately 45-50 minutes
Proc Short Desc	Family Counsel, 45-50 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847AH
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	10/1/09
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	AEO	ATAY

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	CS	HM	OF	SC	SF

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

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

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Individual/Family Counseling

AMH

90847AHET

Published Proc Cd	90847AHET
Proc Cd	90847AHET
Proc Desc	Family counseling, in response to a MH crisis, by Licensed Psychologist, approximately 45-50 minutes
Proc Short Desc	Family Counsel, crisis, 45-50 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847AH
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	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

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	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

AMH

90847AHETH9

Published Proc Cd	90847AHETH9
Proc Cd	90847AHETH9
Proc Desc	Family counseling, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program, approximately 45-50 minutes
Proc Short Desc	Family Counsel, crisis, 45-50 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847AH
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

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	*

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

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Individual/Family Counseling

AMH

90847AHH9

Published Proc Cd	90847AHH9
Proc Cd	90847AHH9
Proc Desc	Family counseling by Licensed Psychologist, Outpatient Competency Restoration Program, approximately 45-50 minutes
Proc Short Desc	Family Counsel, 45-50 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847AH
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

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	*

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

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

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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

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

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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'.

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Individual/Family Counseling

AMH

90847ETH9HL

Published Proc Cd	90847ETH9HL
Proc Cd	90847ETH9HL
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Family Counsel, crisis, 45-50 min, Intern, 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	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	L

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90847ETH9U8

Published Proc Cd	90847ETH9U8
Proc Cd	90847ETH9U8
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Family Counsel, crisis, 45-50 min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U8
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	F

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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	*

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

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Individual/Family Counseling

AMH

90847ETH9UC

Published Proc Cd	90847ETH9UC
Proc Cd	90847ETH9UC
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UC
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	*

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

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Individual/Family Counseling

AMH

90847ETHL

Published Proc Cd	90847ETHL
Proc Cd	90847ETHL
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Family Counsel, crisis, 45-50 min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	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	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

AMH

90847ETU8

Published Proc Cd	90847ETU8
Proc Cd	90847ETU8
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by LMFT
Proc Short Desc	Family Counsel, crisis, 45-50 min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Individual/Family Counseling

AMH

90847ETUC

Published Proc Cd	90847ETUC
Proc Cd	90847ETUC
Proc Desc	Family counseling, in response to a MH crisis, approximately 45-50 minutes, by Licensed Psychological Associate
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UC
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	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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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	*

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

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Individual/Family Counseling

AMH

90847H9HL

Published Proc Cd	90847H9HL
Proc Cd	90847H9HL
Proc Desc	Family counseling approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Family Counsel, 45-50 min, Intern, 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	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	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'.

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Individual/Family Counseling

AMH

90847H9U8

Published Proc Cd	90847H9U8
Proc Cd	90847H9U8
Proc Desc	Family counseling approximately 45-50 minutes, by LMFT, Outpatient Competency Restoration Program
Proc Short Desc	Family Counsel, 45-50 min, LMFT, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U8
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	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'.

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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	*

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

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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	*

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

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Individual/Family Counseling

AMH

90847H9UC

Published Proc Cd	90847H9UC
Proc Cd	90847H9UC
Proc Desc	Family counseling approximately 45-50 minutes, by Licensed Psychological Associate, Outpatient Competency Restoration Program
Proc Short Desc	Family Counsel, 45-50 min, LPA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UC
Medicaid Funding Source	Card
Care Report III Mapping	B.2.3 - Outpatient
Proc Last Modification Date	12/1/11
Eff Dt	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	*

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

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

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Individual/Family Counseling

AMH

90847HL

Published Proc Cd	90847HL
Proc Cd	90847HL
Proc Desc	Family counseling approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Family Counsel, 45-50 min, Intern
Unit Type	Hour/Event
Procedure Grid Cd	1301
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	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	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

90847U8

Published Proc Cd	90847U8
Proc Cd	90847U8
Proc Desc	Family counseling approximately 45-50 minutes, by LMFT
Proc Short Desc	Family Counsel, 45-50 min, LMFT
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847U8
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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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'.

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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

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

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Individual/Family Counseling

AMH

90847UC

Published Proc Cd	90847UC
Proc Cd	90847UC
Proc Desc	Family counseling approximately 45-50 minutes, by Licensed Psychological Associate
Proc Short Desc	Family Counsel, 45-50 min, LPA
Unit Type	Hour/Event
Procedure Grid Cd	1301
Medicaid Billing Code	90847UC
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	10/1/09
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F	T

LOC_A_CD

Allowed Values	A2	A4	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083295AHETHA

Published Proc Cd	9083295AHET
Proc Cd	9083295AHETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832AH
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	E

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

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083295AHHA

Published Proc Cd	9083295AH
Proc Cd	9083295AHHA
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37min, PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832AH
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	E

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

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083295ETHA

Published Proc Cd	9083295ET
Proc Cd	9083295ETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LPC, or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPC, LCSW, CMH, video
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	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	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

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Individual/Family Counseling

CMH

9083295ETHAHL

Published Proc Cd	9083295ETHAHL
Proc Cd	9083295ETHAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Intern, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
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	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	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083295ETHAU8

Published Proc Cd	9083295ETHAU8
Proc Cd	9083295ETHAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LMFT, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	E

LOC_A_CD

Allowed Values	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	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083295ETHAU9

Published Proc Cd	9083295ETU9
Proc Cd	9083295ETHAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PLP, CMH, video
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

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

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Individual/Family Counseling

CMH

9083295ETHAUB

Published Proc Cd	9083295ETUB
Proc Cd	9083295ETHAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Psychology Interns and Fellows, CMH, video
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

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

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Individual/Family Counseling

CMH

9083295ETHAUC

Published Proc Cd	9083295ETUC
Proc Cd	9083295ETHAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832UC
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	E

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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083295HA

Published Proc Cd	9083295
Proc Cd	9083295HA
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LPC, or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37min, LPC, LCSW, CMH, video
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	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	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	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083295HAHL

Published Proc Cd	9083295HAHL
Proc Cd	9083295HAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37min, Intern, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	T

LOC_A_CD

Allowed Values	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	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'.

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Individual/Family Counseling

CMH

9083295HAU8

Published Proc Cd	9083295HAU8
Proc Cd	9083295HAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37min, LMFT, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	E	T

LOC_A_CD

Allowed Values	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	C	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'.

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Individual/Family Counseling

CMH

9083295HAU9

Published Proc Cd	9083295U9
Proc Cd	9083295HAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37min, PLP, CMH, video
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

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

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Individual/Family Counseling

CMH

9083295HAUB

Published Proc Cd	9083295UB
Proc Cd	9083295HAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37min, Psychology Interns and Fellows, CMH, video
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'.

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Individual/Family Counseling

CMH

9083295HAUC

Published Proc Cd	9083295UC
Proc Cd	9083295HAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, 16-37min, LPA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832UC
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	E

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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	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

90832AHETHA

Published Proc Cd	90832AHET
Proc Cd	90832AHETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832AH
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	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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

90832AHHA

Published Proc Cd	90832AH
Proc Cd	90832AHHA
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 16-37min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832AH
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	B	C

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'.

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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

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

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Individual/Family Counseling

CMH

90832ETHAHL

Published Proc Cd	90832ETHAHL
Proc Cd	90832ETHAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	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	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

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

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Individual/Family Counseling

CMH

90832ETHAU8

Published Proc Cd	90832ETHAU8
Proc Cd	90832ETHAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by LMFT
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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

LOC_A_CD

Allowed Values	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	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

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

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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

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

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Individual/Family Counseling

CMH

90832ETHAUC

Published Proc Cd	90832ETUC
Proc Cd	90832ETHAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes, in response to a MH crisis, by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832UC
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	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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

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Individual/Family Counseling

CMH

90832HAHL

Published Proc Cd	90832HAHL
Proc Cd	90832HAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 16-37min, Intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	T

LOC_A_CD

Allowed Values	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	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

CMH

90832HAU8

Published Proc Cd	90832HAU8
Proc Cd	90832HAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LMFT
Proc Short Desc	Indv Psychotherapy, 16-37min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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

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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

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

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Individual/Family Counseling

CMH

90832HAUC

Published Proc Cd	90832UC
Proc Cd	90832HAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, 16-37min, LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90832UC
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	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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083495AHETHA

Published Proc Cd	9083495AHET
Proc Cd	9083495AHETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834AH
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	E

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

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083495AHHA

Published Proc Cd	9083495AH
Proc Cd	9083495AHHA
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52min, PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834AH
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	E

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

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'.

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Individual/Family Counseling

CMH

9083495ETHA

Published Proc Cd	9083495ET
Proc Cd	9083495ETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by LPC, or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPC, LCSW, CMH, video
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	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	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'.

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Individual/Family Counseling

CMH

9083495ETHAHL

Published Proc Cd	9083495ETHAHL
Proc Cd	9083495ETHAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Intern, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
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	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	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SF

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

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Individual/Family Counseling

CMH

9083495ETHAU8

Published Proc Cd	9083495ETHAU8
Proc Cd	9083495ETHAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LMFT, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	E

LOC_A_CD

Allowed Values	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	C	E	F

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SF

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

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Individual/Family Counseling

CMH

9083495ETHAU9

Published Proc Cd	9083495ETU9
Proc Cd	9083495ETHAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PLP, CMH, video
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'.

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Individual/Family Counseling

CMH

9083495ETHAUB

Published Proc Cd	9083495ETUB
Proc Cd	9083495ETHAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Psychology Interns and Fellows, CMH, video
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

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

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Individual/Family Counseling

CMH

9083495ETHAUC

Published Proc Cd	9083495ETUC
Proc Cd	9083495ETHAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPA, CMH,video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834UC
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	E

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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	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'.

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Individual/Family Counseling

CMH

9083495HA

Published Proc Cd	9083495
Proc Cd	9083495HA
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by LPC, or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52min, LPC, LCSW, CMH, video
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	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	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	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'.

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Individual/Family Counseling

CMH

9083495HAHL

Published Proc Cd	9083495HAHL
Proc Cd	9083495HAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, Intern, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	T

LOC_A_CD

Allowed Values	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	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083495HAU8

Published Proc Cd	9083495HAU8
Proc Cd	9083495HAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 16 to 37 minutes by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52 min, LMFT, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	E	T

LOC_A_CD

Allowed Values	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	C	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'.

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Individual/Family Counseling

CMH

9083495HAU9

Published Proc Cd	9083495U9
Proc Cd	9083495HAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52min, PLP, CMH, video
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

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

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Individual/Family Counseling

CMH

9083495HAUB

Published Proc Cd	9083495UB
Proc Cd	9083495HAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52min, Psychology Interns and Fellows, CMH, video
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

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

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Individual/Family Counseling

CMH

9083495HAUC

Published Proc Cd	9083495UC
Proc Cd	9083495HAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, 38-52min, LPA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834UC
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	E

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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

90834AHETHA

Published Proc Cd	90834AHET
Proc Cd	90834AHETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834AH
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	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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

90834AHHA

Published Proc Cd	90834AH
Proc Cd	90834AHHA
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 38-52min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834AH
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	B	C

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Individual/Family Counseling

CMH

90834ETHAHL

Published Proc Cd	90834ETHAHL
Proc Cd	90834ETHAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, Intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	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	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

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

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Individual/Family Counseling

CMH

90834ETHAU8

Published Proc Cd	90834ETHAU8
Proc Cd	90834ETHAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by LMFT
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	F

LOC_A_CD

Allowed Values	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	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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

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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

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

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Individual/Family Counseling

CMH

90834ETHAUC

Published Proc Cd	90834ETUC
Proc Cd	90834ETHAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes, in response to a MH crisis, by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, crisis, 38-52 min, LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834UC
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	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	N

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'.

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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

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'.

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Individual/Family Counseling

CMH

90834HAHL

Published Proc Cd	90834HAHL
Proc Cd	90834HAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 38-52 min, Intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	T

LOC_A_CD

Allowed Values	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	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'.

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Individual/Family Counseling

CMH

90834HAU8

Published Proc Cd	90834HAU8
Proc Cd	90834HAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by LMFT
Proc Short Desc	Indv Psychotherapy, 38-52 min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

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

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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

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

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Individual/Family Counseling

CMH

90834HAUC

Published Proc Cd	90834UC
Proc Cd	90834HAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 38 to 52 minutes by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, 38-52min, LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90834UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083795AHETHA

Published Proc Cd	9083795AHET
Proc Cd	9083795AHETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837AH
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	E

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

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	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](#)

Individual/Family Counseling

CMH

9083795AHHA

Published Proc Cd	9083795AH
Proc Cd	9083795AHHA
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+min,PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837AH
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	E

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

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	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'.

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Individual/Family Counseling

CMH

9083795ETHA

Published Proc Cd	9083795ET
Proc Cd	9083795ETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by LPC, or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPC, LCSW, CMH, video
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	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	SC	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	SF

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

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Individual/Family Counseling

CMH

9083795ETHAHL

Published Proc Cd	9083795ETHAHL
Proc Cd	9083795ETHAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Intern, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
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	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	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SF

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

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Individual/Family Counseling

CMH

9083795ETHAU8

Published Proc Cd	9083795ETHAU8
Proc Cd	9083795ETHAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LMFT, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	E

LOC_A_CD

Allowed Values	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	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SF

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

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Individual/Family Counseling

CMH

9083795ETHAU9

Published Proc Cd	9083795ETU9
Proc Cd	9083795ETHAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, PLP, CMH, video
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'.

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Individual/Family Counseling

CMH

9083795ETHAUB

Published Proc Cd	9083795ETUB
Proc Cd	9083795ETHAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, Psychology Interns and Fellows, CMH, video
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

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

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Individual/Family Counseling

CMH

9083795ETHAUC

Published Proc Cd	9083795ETUC
Proc Cd	9083795ETHAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 20 to 30 minutes, in response to a MH crisis, by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, crisis, 16-37 min, LPA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837UC
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	E

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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SF

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

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Individual/Family Counseling

CMH

9083795HA

Published Proc Cd	9083795
Proc Cd	9083795HA
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LPC, or LCSW, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+min, LPC, LCSW, CMH, video
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	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	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	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

CMH

9083795HAHL

Published Proc Cd	9083795HAHL
Proc Cd	9083795HAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+min, Intern, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
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	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	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083795HAU8

Published Proc Cd	9083795HAU8
Proc Cd	9083795HAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LMFT, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+min, LMFT, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	E

LOC_A_CD

Allowed Values	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	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9083795HAU9

Published Proc Cd	9083795U9
Proc Cd	9083795HAU9
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Provisionally Licensed Psychologist, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+min,PLP, CMH, video
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

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

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Individual/Family Counseling

CMH

9083795HAUB

Published Proc Cd	9083795UB
Proc Cd	9083795HAUB
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Psychology Interns and Fellows, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+min,Psychology Interns and Fellows, CMH, video
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

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

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Individual/Family Counseling

CMH

9083795HAUC

Published Proc Cd	9083795UC
Proc Cd	9083795HAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate, via telemedicine
Proc Short Desc	Indv Psychotherapy, 53+min,LPA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837UC
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	E

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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	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'.

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Individual/Family Counseling

CMH

90837AHETHA

Published Proc Cd	90837AHET
Proc Cd	90837AHETHA
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837AH
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	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	B	C

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'.

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Individual/Family Counseling

CMH

90837AHHA

Published Proc Cd	90837AH
Proc Cd	90837AHHA
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 53+min,PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837AH
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	B	C

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'.

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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

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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Individual/Family Counseling

CMH

90837ETHAHL

Published Proc Cd	90837ETHAHL
Proc Cd	90837ETHAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, Intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	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	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'.

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Individual/Family Counseling

CMH

90837ETHAU8

Published Proc Cd	90837ETHAU8
Proc Cd	90837ETHAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by LMFT
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	F

LOC_A_CD

Allowed Values	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	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

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

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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'.

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Individual/Family Counseling

CMH

90837ETHAUC

Published Proc Cd	90837ETUC
Proc Cd	90837ETHAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes, in response to a MH crisis, by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, crisis, 53+ min, LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837UC
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	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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

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Individual/Family Counseling

CMH

90837HAHL

Published Proc Cd	90837HAHL
Proc Cd	90837HAHL
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Indv Psychotherapy, 53+min, Intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	T

LOC_A_CD

Allowed Values	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	C	L

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Individual/Family Counseling

CMH

90837HAU8

Published Proc Cd	90837HAU8
Proc Cd	90837HAU8
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by LMFT
Proc Short Desc	Indv Psychotherapy, 53+min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	N/A
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	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	F

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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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

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Individual/Family Counseling

CMH

90837HAUC

Published Proc Cd	90837UC
Proc Cd	90837HAUC
Proc Desc	Individual psychotherapy, outpatient, approximately 53+ minutes by Licensed Psychological Associate
Proc Short Desc	Indv Psychotherapy, 53+min,LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90837UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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Individual/Family Counseling

CMH

9084695AHETHA

Published Proc Cd	9084695AHET
Proc Cd	9084695AHETHA
Proc Desc	Family psychotherapy without the patient by Licensed Psychologist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy PhD, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETAH95
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	2

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	*

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Individual/Family Counseling

CMH

9084695AHHA

Published Proc Cd	9084695AH
Proc Cd	9084695AHHA
Proc Desc	Family psychotherapy without the patient by Licensed Psychologist
Proc Short Desc	Family Psychotherapy PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846AH95
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	4

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	*

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Individual/Family Counseling

CMH

9084695ETHA

Published Proc Cd	9084695ETHA
Proc Cd	9084695ETHA
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	90846ETHA95
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	E	F

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	*

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Individual/Family Counseling

CMH

9084695ETHAHL

Published Proc Cd	9084695ETHL
Proc Cd	9084695ETHAHL
Proc Desc	Family psychotherapy without the patient by by intern for LPC, LCSW, LMFT, or Licensed Psychologist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy by intern, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	2

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	*

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Individual/Family Counseling

CMH

9084695ETHAU7

Published Proc Cd	9084695ETU7
Proc Cd	9084695ETHAU7
Proc Desc	Family psychotherapy without the patient by Physician Assistant, in response to a MH crisis
Proc Short Desc	Family Psychotherapy PA, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETU795
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	2

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	*

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Individual/Family Counseling

CMH

9084695ETHAU8

Published Proc Cd	9084695ETU8
Proc Cd	9084695ETHAU8
Proc Desc	Family psychotherapy without the patient by Licensed Marriage and Family Therapist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy LMFT, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETU895
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	2

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	*

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Individual/Family Counseling

CMH

9084695ETHAU9

Published Proc Cd	9084695ETU9
Proc Cd	9084695ETHAU9
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	90846ETU995
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	2

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	*

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

CMH

9084695ETHAUB

Published Proc Cd	9084695ETUB
Proc Cd	9084695ETHAUB
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	90846ETUB95
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	2

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	*

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

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Individual/Family Counseling

CMH

9084695ETHAUC

Published Proc Cd	9084695ETUC
Proc Cd	9084695ETHAUC
Proc Desc	Family psychotherapy without the patient by Licensed Psychological Associate, in response to a MH crisis
Proc Short Desc	Family Psychotherapy LPA, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETUC95
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	2

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	*

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Individual/Family Counseling

CMH

9084695HA

Published Proc Cd	9084695HA
Proc Cd	9084695HA
Proc Desc	Family psychotherapy without the patient
Proc Short Desc	Family Psychotherapy, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846HA95
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	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	*

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Individual/Family Counseling

CMH

9084695HAHL

Published Proc Cd	9084695HL
Proc Cd	9084695HAHL
Proc Desc	Family psychotherapy without the patient by by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Family Psychotherapy by intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	4

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	*

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Individual/Family Counseling

CMH

9084695HAU7

Published Proc Cd	9084695U7
Proc Cd	9084695HAU7
Proc Desc	Family psychotherapy without the patient by Physician Assistant
Proc Short Desc	Family Psychotherapy PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846U795
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	4

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	*

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Individual/Family Counseling

CMH

9084695HAU8

Published Proc Cd	9084695U8
Proc Cd	9084695HAU8
Proc Desc	Family psychotherapy without the patient by Licensed Marriage and Family Therapist
Proc Short Desc	Family Psychotherapy LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846U895
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	E	F

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	*

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

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Individual/Family Counseling

CMH

9084695HAU9

Published Proc Cd	9084695U9
Proc Cd	9084695HAU9
Proc Desc	Family psychotherapy without the patient by Provisionally Licensed Psychologist
Proc Short Desc	Family Psychotherapy PLP, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846U995
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	4

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	*

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Individual/Family Counseling

CMH

9084695HAUB

Published Proc Cd	9084695UB
Proc Cd	9084695HAUB
Proc Desc	Family psychotherapy without the patient by Psychology Interns and Fellows
Proc Short Desc	Family Psychotherapy Psychology Interns & Fellows, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846UB95
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	4

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'.

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Individual/Family Counseling

CMH

9084695HAUC

Published Proc Cd	9084695UC
Proc Cd	9084695HAUC
Proc Desc	Family psychotherapy without the patient by Licensed Psychological Associate
Proc Short Desc	Family Psychotherapy LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846UC95
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	4

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'.

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Individual/Family Counseling

CMH

90846AHETHA

Published Proc Cd	90846AHET
Proc Cd	90846AHETHA
Proc Desc	Family psychotherapy without the patient by Licensed Psychologist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy PhD, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETAH
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	*

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Individual/Family Counseling

CMH

90846AHHA

Published Proc Cd	90846AH
Proc Cd	90846AHHA
Proc Desc	Family psychotherapy without the patient by Licensed Psychologist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846AH
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	*

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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	*

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

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Individual/Family Counseling

CMH

90846ETHAHL

Published Proc Cd	90846ETHL
Proc Cd	90846ETHAHL
Proc Desc	Family psychotherapy without the patient by by intern for LPC, LCSW, LMFT, or Licensed Psychologist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy by intern, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
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	*

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

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Individual/Family Counseling

CMH

90846ETHAU7

Published Proc Cd	90846ETU7
Proc Cd	90846ETHAU7
Proc Desc	Family psychotherapy without the patient by Physician Assistant, in response to a MH crisis
Proc Short Desc	Family Psychotherapy PA, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETU7
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	*

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

CMH

90846ETHAU8

Published Proc Cd	90846ETU8
Proc Cd	90846ETHAU8
Proc Desc	Family psychotherapy without the patient by Licensed Marriage and Family Therapist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy LMFT, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETU8
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	*

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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	*

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

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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	*

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Individual/Family Counseling

CMH

90846ETHAUC

Published Proc Cd	90846ETUC
Proc Cd	90846ETHAUC
Proc Desc	Family psychotherapy without the patient by Licensed Psychological Associate, in response to a MH crisis
Proc Short Desc	Family Psychotherapy LPA, crisis, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846ETUC
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	*

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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	*

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Individual/Family Counseling

CMH

90846HAHL

Published Proc Cd	90846HL
Proc Cd	90846HAHL
Proc Desc	Family psychotherapy without the patient by by intern for LPC, LCSW, LMFT, or Licensed Psychologist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy by intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	3

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	5	7

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	L	S	T

SVC_LOCATION_CD

Allowed Values	*

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Individual/Family Counseling

CMH

90846HAU7

Published Proc Cd	90846U7
Proc Cd	90846HAU7
Proc Desc	Family psychotherapy without the patient by Physician Assistant, in response to a MH crisis
Proc Short Desc	Family Psychotherapy PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846U7
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	*

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Individual/Family Counseling

CMH

90846HAU8

Published Proc Cd	90846U8
Proc Cd	90846HAU8
Proc Desc	Family psychotherapy without the patient by Licensed Marriage and Family Therapist, in response to a MH crisis
Proc Short Desc	Family Psychotherapy LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846U8
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	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	*

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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	*

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

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Individual/Family Counseling

CMH

90846HAUC

Published Proc Cd	90846UC
Proc Cd	90846HAUC
Proc Desc	Family psychotherapy without the patient by Licensed Psychological Associate, in response to a MH crisis
Proc Short Desc	Family Psychotherapy LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90846UC
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	*

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Individual/Family Counseling

CMH

9084795AHETHA

Published Proc Cd	9084795AHET
Proc Cd	9084795AHETHA
Proc Desc	Family counseling with client, in response to a MH crisis, approximately 45-50 minutes, by Licensed Psychologist
Proc Short Desc	Family Counsel, crisis, 45-50 min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847AH
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	E	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	B

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Individual/Family Counseling

CMH

9084795AHHA

Published Proc Cd	9084795AH
Proc Cd	9084795AHHA
Proc Desc	Family counseling with client by Licensed Psychologist
Proc Short Desc	Family Counsel, 50 minutes PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847AH
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	E	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	B

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Individual/Family Counseling

CMH

9084795ETHA

Published Proc Cd	9084795ET
Proc Cd	9084795ETHA
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	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

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

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

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Individual/Family Counseling

CMH

9084795ETHAHL

Published Proc Cd	9084795ETHAHL
Proc Cd	9084795ETHAHL
Proc Desc	Family counseling with patient, in response to a MH crisis, approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Family Counsel, crisis, 45-50 min, Intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	C0	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	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

CMH

9084795ETHAU8

Published Proc Cd	9084795ETU8
Proc Cd	9084795ETHAU8
Proc Desc	Family counseling with client, in response to a MH crisis, approximately 45-50 minutes, by LMFT
Proc Short Desc	Family Counsel, crisis, 45-50 min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847U8
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	E	F

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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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Individual/Family Counseling

CMH

9084795ETHAU9

Published Proc Cd	9084795ETU9
Proc Cd	9084795ETHAU9
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

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Individual/Family Counseling

CMH

9084795ETHAUB

Published Proc Cd	9084795ETUB
Proc Cd	9084795ETHAUB
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

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Individual/Family Counseling

CMH

9084795ETHAUC

Published Proc Cd	9084795ETUC
Proc Cd	9084795ETHAUC
Proc Desc	Family counseling with client, in response to a MH crisis, approximately 45-50 minutes, by Licensed Psychological Associate
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847UC
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	E	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	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

CMH

9084795HA

Published Proc Cd	9084795
Proc Cd	9084795HA
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	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	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	C2	C3	C4	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

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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Individual/Family Counseling

CMH

9084795HAHL

Published Proc Cd	9084795HAHL
Proc Cd	9084795HAHL
Proc Desc	Family counseling with patient approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Family Counsel, Intern, 45-50 min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	F

LOC_A_CD

Allowed Values	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	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

CMH

9084795HAU8

Published Proc Cd	9084795U8
Proc Cd	9084795HAU8
Proc Desc	Family Counseling with client approximately 45-50 minutes, by LMFT
Proc Short Desc	Family Counsel, 45-50 min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847U8
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	E	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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Individual/Family Counseling

CMH

9084795HAU9

Published Proc Cd	9084795U9
Proc Cd	9084795HAU9
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

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Individual/Family Counseling

CMH

9084795HAUB

Published Proc Cd	9084795UB
Proc Cd	9084795HAUB
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

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

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Individual/Family Counseling

CMH

9084795HAUC

Published Proc Cd	9084795UC
Proc Cd	9084795HAUC
Proc Desc	Family counseling with client by Licensed Psychological Associate
Proc Short Desc	Family Counsel, 50 minutes LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847UC
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	E	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	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

CMH

90847AHETHA

Published Proc Cd	90847AHET
Proc Cd	90847AHETHA
Proc Desc	Family counseling with client, in response to a MH crisis, approximately 45-50 minutes, by Licensed Psychologist
Proc Short Desc	Family Counsel, crisis, 45-50 min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847AH
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	10/1/09
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	CYC

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	CS	HM	OF	SC	SF

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Individual/Family Counseling

CMH

90847AHHA

Published Proc Cd	90847AH
Proc Cd	90847AHHA
Proc Desc	Family counseling with client by Licensed Psychologist
Proc Short Desc	Family Counsel, 50 minutes PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847AH
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	10/1/09
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	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	B

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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Individual/Family Counseling

CMH

90847ETHAHL

Published Proc Cd	90847ETHAHL
Proc Cd	90847ETHAHL
Proc Desc	Family counseling with patient, in response to a MH crisis, approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Family Counsel, crisis, 45-50 min, Intern, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	CTAY	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	HM	OF	SC	SF

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

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Individual/Family Counseling

CMH

90847ETHAU8

Published Proc Cd	90847ETU8
Proc Cd	90847ETHAU8
Proc Desc	Family counseling with client, in response to a MH crisis, approximately 45-50 minutes, by LMFT
Proc Short Desc	Family Counsel, crisis, 45-50 min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847U8
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	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Individual/Family Counseling

CMH

90847ETHAUC

Published Proc Cd	90847ETUC
Proc Cd	90847ETHAUC
Proc Desc	Family counseling with client, in response to a MH crisis, approximately 45-50 minutes, by Licensed Psychological Associate
Proc Short Desc	Family Counsel, crisis, 45-50 min, LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847UC
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	10/1/09
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	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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Individual/Family Counseling

CMH

90847HAHL

Published Proc Cd	90847HAHL
Proc Cd	90847HAHL
Proc Desc	Family counseling with patient approximately 45-50 minutes, by intern for LPC, LCSW, LMFT, or Licensed Psychologist
Proc Short Desc	Family Counsel, Intern, 45-50 min, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
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	T

LOC_A_CD

Allowed Values	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	L

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Individual/Family Counseling

CMH

90847HAU8

Published Proc Cd	90847U8
Proc Cd	90847HAU8
Proc Desc	Family Counseling with client approximately 45-50 minutes, by LMFT
Proc Short Desc	Family Counsel, 45-50 min, LMFT, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847U8
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	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	F

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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Individual/Family Counseling

CMH

90847HAUC

Published Proc Cd	90847UC
Proc Cd	90847HAUC
Proc Desc	Family counseling with client by Licensed Psychological Associate
Proc Short Desc	Family Counsel, 50 minutes LPA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2301
Medicaid Billing Code	90847UC
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	10/1/09
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	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	2	3	4	5

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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

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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

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

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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

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

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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

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

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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

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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

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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

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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'.

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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

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

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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

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

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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

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

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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

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

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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

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

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Inpatient Hospital Services

AMH

9925195

Published Proc Cd	9925195
Proc Cd	9925195
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	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	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	HM

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

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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

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

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Inpatient Hospital Services

AMH

9925295

Published Proc Cd	9925295
Proc Cd	9925295
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	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	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	HM

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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

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Inpatient Hospital Services

AMH

9925395

Published Proc Cd	9925395
Proc Cd	9925395
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	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	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	HM

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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

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

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Inpatient Hospital Services

AMH

9925495

Published Proc Cd	9925495
Proc Cd	9925495
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	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	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	HM

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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

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Inpatient Hospital Services

AMH

9925595

Published Proc Cd	9925595
Proc Cd	9925595
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	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	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	HM

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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

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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

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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

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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

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

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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

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

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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

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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

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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

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

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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

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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

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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

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

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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

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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

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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

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

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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

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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

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

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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

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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

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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

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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

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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

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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

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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

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Inpatient Hospital Services

CMH

9925195HA

Published Proc Cd	9925195
Proc Cd	9925195HA
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	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	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

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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

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Inpatient Hospital Services

CMH

9925295HA

Published Proc Cd	9925295
Proc Cd	9925295HA
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	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	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

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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

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Inpatient Hospital Services

CMH

9925395HA

Published Proc Cd	9925395
Proc Cd	9925395HA
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	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	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

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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

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Inpatient Hospital Services

CMH

9925495HA

Published Proc Cd	9925495
Proc Cd	9925495HA
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	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	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'.

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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

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

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Inpatient Hospital Services

CMH

9925595HA

Published Proc Cd	9925595
Proc Cd	9925595HA
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	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	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

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

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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

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

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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

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

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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

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

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Intensive Case Management

AMH

T101795TG

Published Proc Cd	T101795TG
Proc Cd	T101795TG
Proc Desc	Intensive Case Management, video
Proc Short Desc	Intensive CM, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	162
Medicaid Billing Code	T1017TG95
Medicaid Funding Source	TCM
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	*

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

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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	*

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

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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	*

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

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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	*

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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	*

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

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

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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	*

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

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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	*

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

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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	*

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

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Intensive Case Management

CMH

T101795ETHATG

Published Proc Cd	T101795ETHATG
Proc Cd	T101795ETHATG
Proc Desc	Intensive Case Management, in response to a MH crisis, Video
Proc Short Desc	Intensive CM, crisis, CMH, Video
Unit Type	Hour/Event
Procedure Grid Cd	252
Medicaid Billing Code	T101795HATG
Medicaid Funding Source	TCM
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	*

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	*

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Intensive Case Management

CMH

T101795HAHZTG

Published Proc Cd	T101795HAHZTG
Proc Cd	T101795HAHZTG
Proc Desc	Intensive Case Management, TCOOMMI funded, Video
Proc Short Desc	Intensive CM, CMH, TCOOMMI, video
Unit Type	Hour/Event
Procedure Grid Cd	252
Medicaid Billing Code	T1017HAHZTG95
Medicaid Funding Source	TCM
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	*

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	*

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

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Intensive Case Management

CMH

T101795HATG

Published Proc Cd	T101795HATG
Proc Cd	T101795HATG
Proc Desc	Intensive Case Management, video
Proc Short Desc	Intensive CM, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	252
Medicaid Billing Code	T1017HATG95
Medicaid Funding Source	TCM
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	*

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	*

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

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

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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	*

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

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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	*

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

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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	*

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

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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	*

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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

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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

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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	*

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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	*

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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

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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

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

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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

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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

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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

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

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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

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

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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

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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	*

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

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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	*

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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

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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	*

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

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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

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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'.

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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

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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

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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

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

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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	HM	JA	OF	SC	SF

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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

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

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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

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Pharmacological Management

AMH

9083395

Published Proc Cd	9083395
Proc Cd	9083395
Proc Desc	Psychotherapy add-on 16-37 minutes, via telemedicine
Proc Short Desc	Psychotherapy add-on, 16-37 min, video
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	1/1/17
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	1	3	4

SERVER_TYPE_CD

Allowed Values	A	C	D	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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Pharmacological Management

AMH

9083695

Published Proc Cd	9083695
Proc Cd	9083695
Proc Desc	Psychotherapy add-on 38-52 minutes, via telemedicine
Proc Short Desc	Psychotherapy add-on, 38-52 min, video
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	1/1/17
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	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

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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

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Pharmacological Management

AMH

9083895

Published Proc Cd	9083895
Proc Cd	9083895
Proc Desc	Psychotherapy add-on 53+ minutes, via telemedicine
Proc Short Desc	Psychotherapy add-on, 53+ min, video
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	1/1/17
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	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

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

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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

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

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Pharmacological Management

AMH

9920195

Published Proc Cd	9920195
Proc Cd	9920195
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client,via telemedicine 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, 10min, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920195
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	A1M	A1S	A2	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

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Pharmacological Management

AMH

9920195ET

Published Proc Cd	9920195ET
Proc Cd	9920195ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201ET95
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	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

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Pharmacological Management

AMH

9920195ETH9

Published Proc Cd	9920195ETH9
Proc Cd	9920195ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, that may not require the presence of a MD, APN or PA, via telemedicine, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M, MD, APN video, OCR,10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920195
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

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	*

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Pharmacological Management

AMH

9920195ETH9U7

Published Proc Cd	9920195ETH9U7
Proc Cd	9920195ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9920195ETU7

Published Proc Cd	9920195ETU7
Proc Cd	9920195ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

9920195H9

Published Proc Cd	9920195H9
Proc Cd	9920195H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, APN or PA via telemedicine, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt , E/M, MD, APN video, OCR, 10 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920195
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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Pharmacological Management

AMH

9920195H9U7

Published Proc Cd	9920195H9U7
Proc Cd	9920195H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 10 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 10min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9920195U7

Published Proc Cd	9920195U7
Proc Cd	9920195U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 10 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 10min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99201ETGYH9TE

Published Proc Cd	99201ETGYH9TE
Proc Cd	99201ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99201ETGYH9U7

Published Proc Cd	99201ETGYH9U7
Proc Cd	99201ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99201ETGYTE

Published Proc Cd	99201ETGYTE
Proc Cd	99201ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99201ETGYU7

Published Proc Cd	99201ETGYU7
Proc Cd	99201ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99201ETH9TE

Published Proc Cd	99201ETH9TE
Proc Cd	99201ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99201ETH9U7

Published Proc Cd	99201ETH9U7
Proc Cd	99201ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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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

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Pharmacological Management

AMH

99201ETHETE

Published Proc Cd	99201ETHETE
Proc Cd	99201ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 10 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99201ETU7

Published Proc Cd	99201ETU7
Proc Cd	99201ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99201GYH9TE

Published Proc Cd	99201GYH9TE
Proc Cd	99201GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

AMH

99201GYH9U7

Published Proc Cd	99201GYH9U7
Proc Cd	99201GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99201GYTE

Published Proc Cd	99201GYTE
Proc Cd	99201GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99201GYU7

Published Proc Cd	99201GYU7
Proc Cd	99201GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99201H9TE

Published Proc Cd	99201H9TE
Proc Cd	99201H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99201H9U7

Published Proc Cd	99201H9U7
Proc Cd	99201H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 10 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 10min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99201HETE

Published Proc Cd	99201HETE
Proc Cd	99201HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 10 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99201U7

Published Proc Cd	99201U7
Proc Cd	99201U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 10 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 10min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99201U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

9920295

Published Proc Cd	9920295
Proc Cd	9920295
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920295
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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	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

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Pharmacological Management

AMH

9920295ET

Published Proc Cd	9920295ET
Proc Cd	9920295ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202ET95
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	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

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Pharmacological Management

AMH

9920295ETH9

Published Proc Cd	9920295ETH9
Proc Cd	9920295ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, for client not stable on meds, that may not require the presense of a MD, APN or PA, via telemedicine, Outpatient Competency Restoration Program, Typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M , MD, APN video, OCR, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920295
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

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	*

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Pharmacological Management

AMH

9920295ETH9U7

Published Proc Cd	9920295ETH9U7
Proc Cd	9920295ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9920295ETU7

Published Proc Cd	9920295ETU7
Proc Cd	9920295ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

9920295H9

Published Proc Cd	9920295H9
Proc Cd	9920295H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, may not require the presence of a MD, APN or PA via telemedicine, Outpatient Competency Restoration Program, Typically 20 minutes
Proc Short Desc	Pharm Mgmt, E/M, MD, APN video, OCR, 20 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920295
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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Pharmacological Management

AMH

9920295H9U7

Published Proc Cd	9920295H9U7
Proc Cd	9920295H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 20min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9920295U7

Published Proc Cd	9920295U7
Proc Cd	9920295U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 20min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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Pharmacological Management

AMH

99202ETGYH9TE

Published Proc Cd	99202ETGYH9TE
Proc Cd	99202ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99202ETGYH9U7

Published Proc Cd	99202ETGYH9U7
Proc Cd	99202ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99202ETGYTE

Published Proc Cd	99202ETGYTE
Proc Cd	99202ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99202ETGYU7

Published Proc Cd	99202ETGYU7
Proc Cd	99202ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99202ETH9TE

Published Proc Cd	99202ETH9TE
Proc Cd	99202ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 20 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99202ETH9U7

Published Proc Cd	99202ETH9U7
Proc Cd	99202ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99202ETHETE

Published Proc Cd	99202ETHETE
Proc Cd	99202ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 20 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99202ETU7

Published Proc Cd	99202ETU7
Proc Cd	99202ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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Pharmacological Management

AMH

99202GYH9TE

Published Proc Cd	99202GYH9TE
Proc Cd	99202GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 20 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99202GYH9U7

Published Proc Cd	99202GYH9U7
Proc Cd	99202GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 20 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99202GYTE

Published Proc Cd	99202GYTE
Proc Cd	99202GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 20 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99202GYU7

Published Proc Cd	99202GYU7
Proc Cd	99202GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 20 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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	*

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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	*

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Pharmacological Management

AMH

99202H9TE

Published Proc Cd	99202H9TE
Proc Cd	99202H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 20 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99202H9U7

Published Proc Cd	99202H9U7
Proc Cd	99202H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 20min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99202HETE

Published Proc Cd	99202HETE
Proc Cd	99202HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 20 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99202U7

Published Proc Cd	99202U7
Proc Cd	99202U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 20min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99202U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

9920395

Published Proc Cd	9920395
Proc Cd	9920395
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920395
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	A1M	A1S	A2	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

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Pharmacological Management

AMH

9920395ET

Published Proc Cd	9920395ET
Proc Cd	9920395ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203ET95
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	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

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Pharmacological Management

AMH

9920395ETH9

Published Proc Cd	9920395ETH9
Proc Cd	9920395ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management of a new client , that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M, MD, video, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920395
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

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	*

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Pharmacological Management

AMH

9920395ETH9U7

Published Proc Cd	9920395ETH9U7
Proc Cd	9920395ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9920395ETU7

Published Proc Cd	9920395ETU7
Proc Cd	9920395ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

9920395H9

Published Proc Cd	9920395H9
Proc Cd	9920395H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client , that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt, E/M, MD, video, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920395
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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Pharmacological Management

AMH

9920395H9U7

Published Proc Cd	9920395H9U7
Proc Cd	9920395H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9920395U7

Published Proc Cd	9920395U7
Proc Cd	9920395U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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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	*

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Pharmacological Management

AMH

99203ETGYH9TE

Published Proc Cd	99203ETGYH9TE
Proc Cd	99203ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99203ETGYH9U7

Published Proc Cd	99203ETGYH9U7
Proc Cd	99203ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99203ETGYTE

Published Proc Cd	99203ETGYTE
Proc Cd	99203ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99203ETGYU7

Published Proc Cd	99203ETGYU7
Proc Cd	99203ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99203ETH9TE

Published Proc Cd	99203ETH9TE
Proc Cd	99203ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99203ETH9U7

Published Proc Cd	99203ETH9U7
Proc Cd	99203ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99203ETHETE

Published Proc Cd	99203ETHETE
Proc Cd	99203ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 30 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99203ETU7

Published Proc Cd	99203ETU7
Proc Cd	99203ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99203GYH9TE

Published Proc Cd	99203GYH9TE
Proc Cd	99203GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99203GYH9U7

Published Proc Cd	99203GYH9U7
Proc Cd	99203GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99203GYTE

Published Proc Cd	99203GYTE
Proc Cd	99203GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99203GYU7

Published Proc Cd	99203GYU7
Proc Cd	99203GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99203H9TE

Published Proc Cd	99203H9TE
Proc Cd	99203H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99203H9U7

Published Proc Cd	99203H9U7
Proc Cd	99203H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99203HETE

Published Proc Cd	99203HETE
Proc Cd	99203HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 30 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99203U7

Published Proc Cd	99203U7
Proc Cd	99203U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 30min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99203U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

9920495

Published Proc Cd	9920495
Proc Cd	9920495
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920495
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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	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

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Pharmacological Management

AMH

9920495ET

Published Proc Cd	9920495ET
Proc Cd	9920495ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204ET95
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	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

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Pharmacological Management

AMH

9920495ETH9

Published Proc Cd	9920495ETH9
Proc Cd	9920495ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management of a new client , that may not require the presence of a MD, via telemedicine, Outpatient Competency Restoration Program, Typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M, MD, video, OCR, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920495
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

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	*

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Pharmacological Management

AMH

9920495ETH9U7

Published Proc Cd	9920495ETH9U7
Proc Cd	9920495ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9920495ETU7

Published Proc Cd	9920495ETU7
Proc Cd	9920495ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

9920495H9

Published Proc Cd	9920495H9
Proc Cd	9920495H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client , that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 45 minutes
Proc Short Desc	Pharm Mgmt, E/M, MD, video, OCR, 45 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920495
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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

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Pharmacological Management

AMH

9920495H9U7

Published Proc Cd	9920495H9U7
Proc Cd	9920495H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 45min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

9920495U7

Published Proc Cd	9920495U7
Proc Cd	9920495U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 45min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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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	*

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Pharmacological Management

AMH

99204ETGYH9TE

Published Proc Cd	99204ETGYH9TE
Proc Cd	99204ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99204ETGYH9U7

Published Proc Cd	99204ETGYH9U7
Proc Cd	99204ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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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

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Pharmacological Management

AMH

99204ETGYTE

Published Proc Cd	99204ETGYTE
Proc Cd	99204ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99204ETGYU7

Published Proc Cd	99204ETGYU7
Proc Cd	99204ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99204ETH9TE

Published Proc Cd	99204ETH9TE
Proc Cd	99204ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 45 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99204ETH9U7

Published Proc Cd	99204ETH9U7
Proc Cd	99204ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99204ETHETE

Published Proc Cd	99204ETHETE
Proc Cd	99204ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 45 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99204ETU7

Published Proc Cd	99204ETU7
Proc Cd	99204ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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Pharmacological Management

AMH

99204GYH9TE

Published Proc Cd	99204GYH9TE
Proc Cd	99204GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 45 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

AMH

99204GYH9U7

Published Proc Cd	99204GYH9U7
Proc Cd	99204GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 45 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99204GYTE

Published Proc Cd	99204GYTE
Proc Cd	99204GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 45 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99204GYU7

Published Proc Cd	99204GYU7
Proc Cd	99204GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 45 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99204H9TE

Published Proc Cd	99204H9TE
Proc Cd	99204H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 45 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99204H9U7

Published Proc Cd	99204H9U7
Proc Cd	99204H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 45min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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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

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Pharmacological Management

AMH

99204HETE

Published Proc Cd	99204HETE
Proc Cd	99204HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 45 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99204U7

Published Proc Cd	99204U7
Proc Cd	99204U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 45min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99204U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

9920595

Published Proc Cd	9920595
Proc Cd	9920595
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920595
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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	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

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Pharmacological Management

AMH

9920595ET

Published Proc Cd	9920595ET
Proc Cd	9920595ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205ET95
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	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

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Pharmacological Management

AMH

9920595ETH9

Published Proc Cd	9920595ETH9
Proc Cd	9920595ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management of a new client , that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M, MD, video, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920595
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

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	*

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Pharmacological Management

AMH

9920595ETH9U7

Published Proc Cd	9920595ETH9U7
Proc Cd	9920595ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9920595ETU7

Published Proc Cd	9920595ETU7
Proc Cd	9920595ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

9920595H9

Published Proc Cd	9920595H9
Proc Cd	9920595H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client , that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt, E/M MD, video, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9920595
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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

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Pharmacological Management

AMH

9920595H9U7

Published Proc Cd	9920595H9U7
Proc Cd	9920595H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9920595U7

Published Proc Cd	9920595U7
Proc Cd	9920595U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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

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Pharmacological Management

AMH

99205ETGYH9TE

Published Proc Cd	99205ETGYH9TE
Proc Cd	99205ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

AMH

99205ETGYH9U7

Published Proc Cd	99205ETGYH9U7
Proc Cd	99205ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99205ETGYTE

Published Proc Cd	99205ETGYTE
Proc Cd	99205ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99205ETGYU7

Published Proc Cd	99205ETGYU7
Proc Cd	99205ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99205ETH9TE

Published Proc Cd	99205ETH9TE
Proc Cd	99205ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99205ETH9U7

Published Proc Cd	99205ETH9U7
Proc Cd	99205ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99205ETHETE

Published Proc Cd	99205ETHETE
Proc Cd	99205ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99205ETU7

Published Proc Cd	99205ETU7
Proc Cd	99205ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99205GYH9TE

Published Proc Cd	99205GYH9TE
Proc Cd	99205GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99205GYH9U7

Published Proc Cd	99205GYH9U7
Proc Cd	99205GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99205GYTE

Published Proc Cd	99205GYTE
Proc Cd	99205GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99205GYU7

Published Proc Cd	99205GYU7
Proc Cd	99205GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99205H9TE

Published Proc Cd	99205H9TE
Proc Cd	99205H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99205H9U7

Published Proc Cd	99205H9U7
Proc Cd	99205H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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

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

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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	*

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

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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

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

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Pharmacological Management

AMH

99205HETE

Published Proc Cd	99205HETE
Proc Cd	99205HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 60 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99205U7

Published Proc Cd	99205U7
Proc Cd	99205U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99205U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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	H	I	K	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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Pharmacological Management

AMH

9921195

Published Proc Cd	9921195
Proc Cd	9921195
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, via telemedicine, 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9921195
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	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	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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Pharmacological Management

AMH

9921195ET

Published Proc Cd	9921195ET
Proc Cd	9921195ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211ET95
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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	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

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Pharmacological Management

AMH

9921195ETH9

Published Proc Cd	9921195ETH9
Proc Cd	9921195ETH9
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 5min, OCR, video
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	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	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	*

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

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Pharmacological Management

AMH

9921195ETH9U7

Published Proc Cd	9921195ETH9U7
Proc Cd	9921195ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 5min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9921195ETU7

Published Proc Cd	9921195ETU7
Proc Cd	9921195ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 5min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

9921195H9

Published Proc Cd	9921195H9
Proc Cd	9921195H9
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 5min, OCR, video
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	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	A1M	A1S	A2	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	*

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

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Pharmacological Management

AMH

9921195H9U7

Published Proc Cd	9921195H9U7
Proc Cd	9921195H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 5 minutes. Performed by a PA, Outpatient Competency Restoration Program,via telemedicine
Proc Short Desc	Pharm Mgmt EM, 5min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

9921195HETD

Published Proc Cd	9921195HETD
Proc Cd	9921195HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 5 minutes, video
Proc Short Desc	Sup RN, 5min, video
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	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	*

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

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Pharmacological Management

AMH

9921195U7

Published Proc Cd	9921195U7
Proc Cd	9921195U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 5 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 5min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211U7
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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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'.

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Pharmacological Management

AMH

99211ETGYH9TE

Published Proc Cd	99211ETGYH9TE
Proc Cd	99211ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 5 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99211ETGYH9U7

Published Proc Cd	99211ETGYH9U7
Proc Cd	99211ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 5 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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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

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Pharmacological Management

AMH

99211ETGYTE

Published Proc Cd	99211ETGYTE
Proc Cd	99211ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 5 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99211ETGYU7

Published Proc Cd	99211ETGYU7
Proc Cd	99211ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 5 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99211ETH9TE

Published Proc Cd	99211ETH9TE
Proc Cd	99211ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 5 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99211ETH9U7

Published Proc Cd	99211ETH9U7
Proc Cd	99211ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 5min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99211ETHETE

Published Proc Cd	99211ETHETE
Proc Cd	99211ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 5 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99211ETU7

Published Proc Cd	99211ETU7
Proc Cd	99211ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 5min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99211GYH9TE

Published Proc Cd	99211GYH9TE
Proc Cd	99211GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 5 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99211GYH9U7

Published Proc Cd	99211GYH9U7
Proc Cd	99211GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 5 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99211GYTE

Published Proc Cd	99211GYTE
Proc Cd	99211GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 5 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99211GYU7

Published Proc Cd	99211GYU7
Proc Cd	99211GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 5 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99211H9TE

Published Proc Cd	99211H9TE
Proc Cd	99211H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 5 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99211H9U7

Published Proc Cd	99211H9U7
Proc Cd	99211H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 5 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 5min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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

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Pharmacological Management

AMH

99211HETE

Published Proc Cd	99211HETE
Proc Cd	99211HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 5 minutes
Proc Short Desc	Sup LVN, 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	G	H	I

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	NF	OF	SC	SF

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Pharmacological Management

AMH

99211U7

Published Proc Cd	99211U7
Proc Cd	99211U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 5 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 5min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99211U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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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	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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Pharmacological Management

AMH

9921295

Published Proc Cd	9921295
Proc Cd	9921295
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, via telemedicine, typically 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9921295
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	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	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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Pharmacological Management

AMH

9921295ET

Published Proc Cd	9921295ET
Proc Cd	9921295ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis, typically spends 10 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 10min, video
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	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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	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

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Pharmacological Management

AMH

9921295ETH9

Published Proc Cd	9921295ETH9
Proc Cd	9921295ETH9
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 10min, OCR, video
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	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	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	*

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Pharmacological Management

AMH

9921295ETH9U7

Published Proc Cd	9921295ETH9U7
Proc Cd	9921295ETH9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 10 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212U7
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

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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9921295ETU7

Published Proc Cd	9921295ETU7
Proc Cd	9921295ETU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 10 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

9921295H9

Published Proc Cd	9921295H9
Proc Cd	9921295H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically 10 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 10min, OCR, video
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	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	A1M	A1S	A2	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	*

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

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Pharmacological Management

AMH

9921295H9U7

Published Proc Cd	9921295H9U7
Proc Cd	9921295H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 10 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 10min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9921295HETD

Published Proc Cd	9921295HETD
Proc Cd	9921295HETD
Proc Desc	Supplemental Nursing Services by RN that are not incidental to another service, typically 10 minutes, Video
Proc Short Desc	Sup RN, 10min, Video
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	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	*

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Pharmacological Management

AMH

9921295U7

Published Proc Cd	9921295U7
Proc Cd	9921295U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 10 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 10min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212U7
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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99212ETGYH9TE

Published Proc Cd	99212ETGYH9TE
Proc Cd	99212ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

AMH

99212ETGYH9U7

Published Proc Cd	99212ETGYH9U7
Proc Cd	99212ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99212ETGYTE

Published Proc Cd	99212ETGYTE
Proc Cd	99212ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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Pharmacological Management

AMH

99212ETGYU7

Published Proc Cd	99212ETGYU7
Proc Cd	99212ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99212ETH9TE

Published Proc Cd	99212ETH9TE
Proc Cd	99212ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99212ETH9U7

Published Proc Cd	99212ETH9U7
Proc Cd	99212ETH9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99212ETHETE

Published Proc Cd	99212ETHETE
Proc Cd	99212ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 10 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99212ETU7

Published Proc Cd	99212ETU7
Proc Cd	99212ETU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 10 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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Pharmacological Management

AMH

99212GYH9TE

Published Proc Cd	99212GYH9TE
Proc Cd	99212GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

AMH

99212GYH9U7

Published Proc Cd	99212GYH9U7
Proc Cd	99212GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 10 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99212GYTE

Published Proc Cd	99212GYTE
Proc Cd	99212GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99212GYU7

Published Proc Cd	99212GYU7
Proc Cd	99212GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 10 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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	*

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

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Pharmacological Management

AMH

99212H9TE

Published Proc Cd	99212H9TE
Proc Cd	99212H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99212H9U7

Published Proc Cd	99212H9U7
Proc Cd	99212H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 10 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 10min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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'.

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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

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

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Pharmacological Management

AMH

99212HETE

Published Proc Cd	99212HETE
Proc Cd	99212HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 10 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99212U7

Published Proc Cd	99212U7
Proc Cd	99212U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 10 minutes
Proc Short Desc	Pharm Mgmt EM, 10min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99212U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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	H	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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

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Pharmacological Management

AMH

9921395

Published Proc Cd	9921395
Proc Cd	9921395
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, via telemedicine typically 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9921395
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	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	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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

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Pharmacological Management

AMH

9921395ET

Published Proc Cd	9921395ET
Proc Cd	9921395ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. MD typically spends 15 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, MD, video
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	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	A1M	A1S	A2	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

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Pharmacological Management

AMH

9921395ETH9

Published Proc Cd	9921395ETH9
Proc Cd	9921395ETH9
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, MD, OCR, video
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	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	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	*

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Pharmacological Management

AMH

9921395ETH9U7

Published Proc Cd	9921395ETH9U7
Proc Cd	9921395ETH9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 15 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213U7
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

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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9921395ETU7

Published Proc Cd	9921395ETU7
Proc Cd	9921395ETU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 15 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

9921395H9

Published Proc Cd	9921395H9
Proc Cd	9921395H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically 15 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 15min, OCR, video
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	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	A1M	A1S	A2	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	*

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Pharmacological Management

AMH

9921395H9U7

Published Proc Cd	9921395H9U7
Proc Cd	9921395H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 15 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 15min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

9921395U7

Published Proc Cd	9921395U7
Proc Cd	9921395U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 15 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 15min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	NF	OF	SC	SF

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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

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

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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	*

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

AMH

99213ETGYH9TE

Published Proc Cd	99213ETGYH9TE
Proc Cd	99213ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99213ETGYH9U7

Published Proc Cd	99213ETGYH9U7
Proc Cd	99213ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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

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Pharmacological Management

AMH

99213ETGYTE

Published Proc Cd	99213ETGYTE
Proc Cd	99213ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99213ETGYU7

Published Proc Cd	99213ETGYU7
Proc Cd	99213ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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	*

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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	*

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Pharmacological Management

AMH

99213ETH9TE

Published Proc Cd	99213ETH9TE
Proc Cd	99213ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99213ETH9U7

Published Proc Cd	99213ETH9U7
Proc Cd	99213ETH9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99213ETHETE

Published Proc Cd	99213ETHETE
Proc Cd	99213ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 15 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99213ETU7

Published Proc Cd	99213ETU7
Proc Cd	99213ETU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99213GYH9TE

Published Proc Cd	99213GYH9TE
Proc Cd	99213GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99213GYH9U7

Published Proc Cd	99213GYH9U7
Proc Cd	99213GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99213GYTE

Published Proc Cd	99213GYTE
Proc Cd	99213GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99213GYU7

Published Proc Cd	99213GYU7
Proc Cd	99213GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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	*

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Pharmacological Management

AMH

99213H9TE

Published Proc Cd	99213H9TE
Proc Cd	99213H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99213H9U7

Published Proc Cd	99213H9U7
Proc Cd	99213H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 15min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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Pharmacological Management

AMH

99213HETE

Published Proc Cd	99213HETE
Proc Cd	99213HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 15 minutes
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99213U7

Published Proc Cd	99213U7
Proc Cd	99213U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99213U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	NF	OF	SC	SF

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

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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

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

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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	I	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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Pharmacological Management

AMH

9921495

Published Proc Cd	9921495
Proc Cd	9921495
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, via telemedicine typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM, 25min, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9921495
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4	5	U

SERVER_TYPE_CD

Allowed Values	A	C	H	S	T

SVC_LOCATION_CD

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

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

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Pharmacological Management

AMH

9921495ET

Published Proc Cd	9921495ET
Proc Cd	9921495ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis, via telemedicine. MD typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 25min, MD, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214ET95
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	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

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Pharmacological Management

AMH

9921495ETH9

Published Proc Cd	9921495ETH9
Proc Cd	9921495ETH9
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 25min, MD, OCR, video
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	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	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	*

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

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Pharmacological Management

AMH

9921495ETH9U7

Published Proc Cd	9921495ETH9U7
Proc Cd	9921495ETH9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 25 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214U7
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

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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9921495ETU7

Published Proc Cd	9921495ETU7
Proc Cd	9921495ETU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 25 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

9921495H9

Published Proc Cd	9921495H9
Proc Cd	9921495H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically spends 25 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 25min, OCR, video
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	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	A1M	A1S	A2	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	*

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Pharmacological Management

AMH

9921495H9U7

Published Proc Cd	9921495H9U7
Proc Cd	9921495H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 25 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 25min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9921495U7

Published Proc Cd	9921495U7
Proc Cd	9921495U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 25 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 25min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214U7
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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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	CS	HM	OF	SC	SF

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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	*

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Pharmacological Management

AMH

99214ETGYH9TE

Published Proc Cd	99214ETGYH9TE
Proc Cd	99214ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 25 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

AMH

99214ETGYH9U7

Published Proc Cd	99214ETGYH9U7
Proc Cd	99214ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 25 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99214ETGYTE

Published Proc Cd	99214ETGYTE
Proc Cd	99214ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 25 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99214ETGYU7

Published Proc Cd	99214ETGYU7
Proc Cd	99214ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 25 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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

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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	*

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

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Pharmacological Management

AMH

99214ETH9TE

Published Proc Cd	99214ETH9TE
Proc Cd	99214ETH9TE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99214ETH9U7

Published Proc Cd	99214ETH9U7
Proc Cd	99214ETH9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99214ETHETE

Published Proc Cd	99214ETHETE
Proc Cd	99214ETHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 25 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99214ETU7

Published Proc Cd	99214ETU7
Proc Cd	99214ETU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, in response to a MH crisis. PA typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99214GYH9TE

Published Proc Cd	99214GYH9TE
Proc Cd	99214GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 25 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99214GYH9U7

Published Proc Cd	99214GYH9U7
Proc Cd	99214GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 25 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99214GYTE

Published Proc Cd	99214GYTE
Proc Cd	99214GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 25 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99214GYU7

Published Proc Cd	99214GYU7
Proc Cd	99214GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 25 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99214H9TE

Published Proc Cd	99214H9TE
Proc Cd	99214H9TE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99214H9U7

Published Proc Cd	99214H9U7
Proc Cd	99214H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 25 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 25min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99214HETE

Published Proc Cd	99214HETE
Proc Cd	99214HETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 25 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99214U7

Published Proc Cd	99214U7
Proc Cd	99214U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM, 25min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99214U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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

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Pharmacological Management

AMH

9921595

Published Proc Cd	9921595
Proc Cd	9921595
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, via telemedicine, typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9921595
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	T

LOC_A_CD

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	S	T

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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Pharmacological Management

AMH

9921595ET

Published Proc Cd	9921595ET
Proc Cd	9921595ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis via telemedicine. MD typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, MD, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215ET95
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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	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

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Pharmacological Management

AMH

9921595ETH9

Published Proc Cd	9921595ETH9
Proc Cd	9921595ETH9
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 40min, MD, OCR, video
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	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	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	*

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Pharmacological Management

AMH

9921595ETH9U7

Published Proc Cd	9921595ETH9U7
Proc Cd	9921595ETH9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. PA typically spends 40 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215U7
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

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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9921595ETU7

Published Proc Cd	9921595ETU7
Proc Cd	9921595ETU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. PA typically spends 40 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

9921595H9

Published Proc Cd	9921595H9
Proc Cd	9921595H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client, typically spends 40 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 40min, OCR, video
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	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	T

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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Pharmacological Management

AMH

9921595H9U7

Published Proc Cd	9921595H9U7
Proc Cd	9921595H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 40 minutes, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 40min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9921595U7

Published Proc Cd	9921595U7
Proc Cd	9921595U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 40 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 40min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99215ETGYH9TE

Published Proc Cd	99215ETGYH9TE
Proc Cd	99215ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99215ETGYH9U7

Published Proc Cd	99215ETGYH9U7
Proc Cd	99215ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99215ETGYTE

Published Proc Cd	99215ETGYTE
Proc Cd	99215ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 40min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.1.1 - 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99215ETGYU7

Published Proc Cd	99215ETGYU7
Proc Cd	99215ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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

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Pharmacological Management

AMH

99215ETH9TE

Published Proc Cd	99215ETH9TE
Proc Cd	99215ETH9TE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99215ETH9U7

Published Proc Cd	99215ETH9U7
Proc Cd	99215ETH9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. PA typically spends 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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

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

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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

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

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Pharmacological Management

AMH

99215ETHETE

Published Proc Cd	99215ETHETE
Proc Cd	99215ETHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 40 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99215ETU7

Published Proc Cd	99215ETU7
Proc Cd	99215ETU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client in response to a MH crisis. PA typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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Pharmacological Management

AMH

99215GYH9TE

Published Proc Cd	99215GYH9TE
Proc Cd	99215GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99215GYH9U7

Published Proc Cd	99215GYH9U7
Proc Cd	99215GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99215GYTE

Published Proc Cd	99215GYTE
Proc Cd	99215GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99215GYU7

Published Proc Cd	99215GYU7
Proc Cd	99215GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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

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Pharmacological Management

AMH

99215H9TE

Published Proc Cd	99215H9TE
Proc Cd	99215H9TE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99215H9U7

Published Proc Cd	99215H9U7
Proc Cd	99215H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 40min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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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

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

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Pharmacological Management

AMH

99215HETE

Published Proc Cd	99215HETE
Proc Cd	99215HETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 40 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99215U7

Published Proc Cd	99215U7
Proc Cd	99215U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established client. PA typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99215U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

9924195

Published Proc Cd	9924195
Proc Cd	9924195
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 15min, video
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	1/1/17
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	A1M	A1S	A2	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

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

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Pharmacological Management

AMH

9924195ET

Published Proc Cd	9924195ET
Proc Cd	9924195ET
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, video
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	1/1/17
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	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'.

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Pharmacological Management

AMH

9924195ETH9

Published Proc Cd	9924195ETH9
Proc Cd	9924195ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management , that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M, MD, video, OCR, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924195
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

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	*

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

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Pharmacological Management

AMH

9924195ETH9U7

Published Proc Cd	9924195ETH9U7
Proc Cd	9924195ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

9924195ETU7

Published Proc Cd	9924195ETU7
Proc Cd	9924195ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

9924195H9

Published Proc Cd	9924195H9
Proc Cd	9924195H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD, via telemedicine, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt, E/M MD, video, OCR, 15 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924195
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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

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Pharmacological Management

AMH

9924195H9U7

Published Proc Cd	9924195H9U7
Proc Cd	9924195H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 15min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9924195U7

Published Proc Cd	9924195U7
Proc Cd	9924195U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 15min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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Pharmacological Management

AMH

99241ETGYH9TE

Published Proc Cd	99241ETGYH9TE
Proc Cd	99241ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99241ETGYH9U7

Published Proc Cd	99241ETGYH9U7
Proc Cd	99241ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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

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Pharmacological Management

AMH

99241ETGYTE

Published Proc Cd	99241ETGYTE
Proc Cd	99241ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99241ETGYU7

Published Proc Cd	99241ETGYU7
Proc Cd	99241ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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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	*

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

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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	*

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

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Pharmacological Management

AMH

99241ETH9TE

Published Proc Cd	99241ETH9TE
Proc Cd	99241ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99241ETH9U7

Published Proc Cd	99241ETH9U7
Proc Cd	99241ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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

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

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Pharmacological Management

AMH

99241ETHETE

Published Proc Cd	99241ETHETE
Proc Cd	99241ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 15 minutes
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99241ETU7

Published Proc Cd	99241ETU7
Proc Cd	99241ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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Pharmacological Management

AMH

99241GYH9TE

Published Proc Cd	99241GYH9TE
Proc Cd	99241GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99241GYH9U7

Published Proc Cd	99241GYH9U7
Proc Cd	99241GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99241GYTE

Published Proc Cd	99241GYTE
Proc Cd	99241GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99241GYU7

Published Proc Cd	99241GYU7
Proc Cd	99241GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 15 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99241H9TE

Published Proc Cd	99241H9TE
Proc Cd	99241H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 15 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99241H9U7

Published Proc Cd	99241H9U7
Proc Cd	99241H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 15min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241U7
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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

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Pharmacological Management

AMH

99241HETE

Published Proc Cd	99241HETE
Proc Cd	99241HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 15 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99241U7

Published Proc Cd	99241U7
Proc Cd	99241U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 15min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99241U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

9924295

Published Proc Cd	9924295
Proc Cd	9924295
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, video
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	1/1/17
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	A1M	A1S	A2	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

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

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Pharmacological Management

AMH

9924295ET

Published Proc Cd	9924295ET
Proc Cd	9924295ET
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	1/1/17
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	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

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Pharmacological Management

AMH

9924295ETH9

Published Proc Cd	9924295ETH9
Proc Cd	9924295ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management , that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M, MD, video, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924295
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

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'.

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Pharmacological Management

AMH

9924295ETH9U7

Published Proc Cd	9924295ETH9U7
Proc Cd	9924295ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

9924295ETU7

Published Proc Cd	9924295ETU7
Proc Cd	9924295ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

9924295H9

Published Proc Cd	9924295H9
Proc Cd	9924295H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD, via telemedicine, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt, E/M MD, video, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924295
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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

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Pharmacological Management

AMH

9924295H9U7

Published Proc Cd	9924295H9U7
Proc Cd	9924295H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9924295U7

Published Proc Cd	9924295U7
Proc Cd	9924295U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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	*

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Pharmacological Management

AMH

99242ETGYH9TE

Published Proc Cd	99242ETGYH9TE
Proc Cd	99242ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99242ETGYH9U7

Published Proc Cd	99242ETGYH9U7
Proc Cd	99242ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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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

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

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Pharmacological Management

AMH

99242ETGYTE

Published Proc Cd	99242ETGYTE
Proc Cd	99242ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99242ETGYU7

Published Proc Cd	99242ETGYU7
Proc Cd	99242ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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	*

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

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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	*

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

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Pharmacological Management

AMH

99242ETH9TE

Published Proc Cd	99242ETH9TE
Proc Cd	99242ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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

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Pharmacological Management

AMH

99242ETH9U7

Published Proc Cd	99242ETH9U7
Proc Cd	99242ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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

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

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Pharmacological Management

AMH

99242ETHETE

Published Proc Cd	99242ETHETE
Proc Cd	99242ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 30 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99242ETU7

Published Proc Cd	99242ETU7
Proc Cd	99242ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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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'.
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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	*

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Pharmacological Management

AMH

99242GYH9TE

Published Proc Cd	99242GYH9TE
Proc Cd	99242GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99242GYH9U7

Published Proc Cd	99242GYH9U7
Proc Cd	99242GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99242GYTE

Published Proc Cd	99242GYTE
Proc Cd	99242GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99242GYU7

Published Proc Cd	99242GYU7
Proc Cd	99242GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 30 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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	*

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

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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	*

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Pharmacological Management

AMH

99242H9TE

Published Proc Cd	99242H9TE
Proc Cd	99242H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 30 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99242H9U7

Published Proc Cd	99242H9U7
Proc Cd	99242H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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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

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

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Pharmacological Management

AMH

99242HETE

Published Proc Cd	99242HETE
Proc Cd	99242HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 30 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99242U7

Published Proc Cd	99242U7
Proc Cd	99242U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 30min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99242U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

9924395

Published Proc Cd	9924395
Proc Cd	9924395
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 40min, video
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	1/1/17
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	A1M	A1S	A2	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

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

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Pharmacological Management

AMH

9924395ET

Published Proc Cd	9924395ET
Proc Cd	9924395ET
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 40min, video
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	1/1/17
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	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

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

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Pharmacological Management

AMH

9924395ETH9

Published Proc Cd	9924395ETH9
Proc Cd	9924395ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management, that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M, MD, video, OCR, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924395
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

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	*

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Pharmacological Management

AMH

9924395ETH9U7

Published Proc Cd	9924395ETH9U7
Proc Cd	9924395ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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

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

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Pharmacological Management

AMH

9924395ETU7

Published Proc Cd	9924395ETU7
Proc Cd	9924395ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

9924395H9

Published Proc Cd	9924395H9
Proc Cd	9924395H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD, via telemedicine, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt, E/M MD, video, OCR, 40 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924395
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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

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Pharmacological Management

AMH

9924395H9U7

Published Proc Cd	9924395H9U7
Proc Cd	9924395H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 40min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9924395U7

Published Proc Cd	9924395U7
Proc Cd	9924395U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 40min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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Pharmacological Management

AMH

99243ETGYH9TE

Published Proc Cd	99243ETGYH9TE
Proc Cd	99243ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99243ETGYH9U7

Published Proc Cd	99243ETGYH9U7
Proc Cd	99243ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99243ETGYTE

Published Proc Cd	99243ETGYTE
Proc Cd	99243ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99243ETGYU7

Published Proc Cd	99243ETGYU7
Proc Cd	99243ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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	*

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

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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	*

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

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Pharmacological Management

AMH

99243ETH9TE

Published Proc Cd	99243ETH9TE
Proc Cd	99243ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99243ETH9U7

Published Proc Cd	99243ETH9U7
Proc Cd	99243ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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

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

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Pharmacological Management

AMH

99243ETHETE

Published Proc Cd	99243ETHETE
Proc Cd	99243ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 40 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99243ETU7

Published Proc Cd	99243ETU7
Proc Cd	99243ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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Pharmacological Management

AMH

99243GYH9TE

Published Proc Cd	99243GYH9TE
Proc Cd	99243GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99243GYH9U7

Published Proc Cd	99243GYH9U7
Proc Cd	99243GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99243GYTE

Published Proc Cd	99243GYTE
Proc Cd	99243GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99243GYU7

Published Proc Cd	99243GYU7
Proc Cd	99243GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 40 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99243H9TE

Published Proc Cd	99243H9TE
Proc Cd	99243H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 40 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99243H9U7

Published Proc Cd	99243H9U7
Proc Cd	99243H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 40min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99243HETE

Published Proc Cd	99243HETE
Proc Cd	99243HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 40 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99243U7

Published Proc Cd	99243U7
Proc Cd	99243U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 40min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99243U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

9924495

Published Proc Cd	9924495
Proc Cd	9924495
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, video
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	1/1/17
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	A1M	A1S	A2	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

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Pharmacological Management

AMH

9924495ET

Published Proc Cd	9924495ET
Proc Cd	9924495ET
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, video
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	1/1/17
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	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

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Pharmacological Management

AMH

9924495ETH9

Published Proc Cd	9924495ETH9
Proc Cd	9924495ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management , that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M, MD, video, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924495
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

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	*

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Pharmacological Management

AMH

9924495ETH9U7

Published Proc Cd	9924495ETH9U7
Proc Cd	9924495ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9924495ETU7

Published Proc Cd	9924495ETU7
Proc Cd	9924495ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

9924495H9

Published Proc Cd	9924495H9
Proc Cd	9924495H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD, via telemedicine, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt, E/M MD, video, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924495
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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Pharmacological Management

AMH

9924495H9U7

Published Proc Cd	9924495H9U7
Proc Cd	9924495H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9924495U7

Published Proc Cd	9924495U7
Proc Cd	9924495U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99244ETGYH9TE

Published Proc Cd	99244ETGYH9TE
Proc Cd	99244ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99244ETGYH9U7

Published Proc Cd	99244ETGYH9U7
Proc Cd	99244ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99244ETGYTE

Published Proc Cd	99244ETGYTE
Proc Cd	99244ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99244ETGYU7

Published Proc Cd	99244ETGYU7
Proc Cd	99244ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99244ETH9TE

Published Proc Cd	99244ETH9TE
Proc Cd	99244ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99244ETH9U7

Published Proc Cd	99244ETH9U7
Proc Cd	99244ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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

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Pharmacological Management

AMH

99244ETHETE

Published Proc Cd	99244ETHETE
Proc Cd	99244ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99244ETU7

Published Proc Cd	99244ETU7
Proc Cd	99244ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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	*

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Pharmacological Management

AMH

99244GYH9TE

Published Proc Cd	99244GYH9TE
Proc Cd	99244GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99244GYH9U7

Published Proc Cd	99244GYH9U7
Proc Cd	99244GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99244GYTE

Published Proc Cd	99244GYTE
Proc Cd	99244GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99244GYU7

Published Proc Cd	99244GYU7
Proc Cd	99244GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 60 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99244H9TE

Published Proc Cd	99244H9TE
Proc Cd	99244H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 60 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99244H9U7

Published Proc Cd	99244H9U7
Proc Cd	99244H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99244HETE

Published Proc Cd	99244HETE
Proc Cd	99244HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 60 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99244U7

Published Proc Cd	99244U7
Proc Cd	99244U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99244U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

9924595

Published Proc Cd	9924595
Proc Cd	9924595
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 80min, video
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	1/1/17
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	A1M	A1S	A2	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

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Pharmacological Management

AMH

9924595ET

Published Proc Cd	9924595ET
Proc Cd	9924595ET
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 80min, video
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	1/1/17
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	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

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Pharmacological Management

AMH

9924595ETH9

Published Proc Cd	9924595ETH9
Proc Cd	9924595ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management , that may not require the presence of a MD via telemedicine, Outpatient Competency Restoration Program, Typically 80 minutes
Proc Short Desc	Pharm Mgmt crisis, E/M, MD, video, OCR, 80 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924595
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

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	*

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Pharmacological Management

AMH

9924595ETH9U7

Published Proc Cd	9924595ETH9U7
Proc Cd	9924595ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 80min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9924595ETU7

Published Proc Cd	9924595ETU7
Proc Cd	9924595ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 80min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

9924595H9

Published Proc Cd	9924595H9
Proc Cd	9924595H9
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD, via telemedicine, Outpatient Competency Restoration Program, Typically 80 minutes
Proc Short Desc	Pharm Mgmt, E/M MD, video, OCR, 80 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9924595
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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Pharmacological Management

AMH

9924595H9U7

Published Proc Cd	9924595H9U7
Proc Cd	9924595H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 80 minutes. Performed by a PA, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 80min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9924595U7

Published Proc Cd	9924595U7
Proc Cd	9924595U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 80 minutes. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 80min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99245ETGYH9TE

Published Proc Cd	99245ETGYH9TE
Proc Cd	99245ETGYH9TE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, OCR, 80min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	N/A
Medicaid Funding Source	N/A
Care Report III Mapping	B.2.3 - 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99245ETGYH9U7

Published Proc Cd	99245ETGYH9U7
Proc Cd	99245ETGYH9U7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Outpatient Competency Restoration Program, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99245ETGYTE

Published Proc Cd	99245ETGYTE
Proc Cd	99245ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99245ETGYU7

Published Proc Cd	99245ETGYU7
Proc Cd	99245ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM Crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99245ETH9TE

Published Proc Cd	99245ETH9TE
Proc Cd	99245ETH9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 80 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99245ETH9U7

Published Proc Cd	99245ETH9U7
Proc Cd	99245ETH9U7
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. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 80min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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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

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Pharmacological Management

AMH

99245ETHETE

Published Proc Cd	99245ETHETE
Proc Cd	99245ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 80 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99245ETU7

Published Proc Cd	99245ETU7
Proc Cd	99245ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 80min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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	*

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Pharmacological Management

AMH

99245GYH9TE

Published Proc Cd	99245GYH9TE
Proc Cd	99245GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Outpatient Competency Restoration Program, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99245GYH9U7

Published Proc Cd	99245GYH9U7
Proc Cd	99245GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Outpatient Competency Restoration Program, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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

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

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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

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

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Pharmacological Management

AMH

99245GYTE

Published Proc Cd	99245GYTE
Proc Cd	99245GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99245GYU7

Published Proc Cd	99245GYU7
Proc Cd	99245GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 80 minutes
Proc Short Desc	Pharm Mgmt EM PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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

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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	*

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

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Pharmacological Management

AMH

99245H9TE

Published Proc Cd	99245H9TE
Proc Cd	99245H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 80 minutes, Outpatient Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99245H9U7

Published Proc Cd	99245H9U7
Proc Cd	99245H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 80 minutes. Performed by a PA, Outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 80min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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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

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Pharmacological Management

AMH

99245HETE

Published Proc Cd	99245HETE
Proc Cd	99245HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 80 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99245U7

Published Proc Cd	99245U7
Proc Cd	99245U7
Proc Desc	Pharmacological Management, outpatient evaluation and management office consultation, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 80 minutes. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 80min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99245U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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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

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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

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

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Pharmacological Management

AMH

99341ETGYH9TE

Published Proc Cd	99341ETGYH9TE
Proc Cd	99341ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99341ETGYH9U7

Published Proc Cd	99341ETGYH9U7
Proc Cd	99341ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	HM

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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

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Pharmacological Management

AMH

99341ETGYTE

Published Proc Cd	99341ETGYTE
Proc Cd	99341ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99341ETGYU7

Published Proc Cd	99341ETGYU7
Proc Cd	99341ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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'.

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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

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

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Pharmacological Management

AMH

99341ETH9TE

Published Proc Cd	99341ETH9TE
Proc Cd	99341ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

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'.

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Pharmacological Management

AMH

99341ETH9U7

Published Proc Cd	99341ETH9U7
Proc Cd	99341ETH9U7
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. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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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

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

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Pharmacological Management

AMH

99341ETHETE

Published Proc Cd	99341ETHETE
Proc Cd	99341ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 20 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99341ETU7

Published Proc Cd	99341ETU7
Proc Cd	99341ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99341U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

99341GYH9TE

Published Proc Cd	99341GYH9TE
Proc Cd	99341GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, outpatient home Competency Restoration Program, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99341GYH9U7

Published Proc Cd	99341GYH9U7
Proc Cd	99341GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, outpatient home Competency Restoration Program, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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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'.

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Pharmacological Management

AMH

99341GYTE

Published Proc Cd	99341GYTE
Proc Cd	99341GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99341GYU7

Published Proc Cd	99341GYU7
Proc Cd	99341GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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'.

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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'.

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Pharmacological Management

AMH

99341H9TE

Published Proc Cd	99341H9TE
Proc Cd	99341H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 20 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99341H9U7

Published Proc Cd	99341H9U7
Proc Cd	99341H9U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 20min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99341U7
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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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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

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Pharmacological Management

AMH

99341HETE

Published Proc Cd	99341HETE
Proc Cd	99341HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 20 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99341U7

Published Proc Cd	99341U7
Proc Cd	99341U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 20 minutes, Home Services. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 20min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99341U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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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

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

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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

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

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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

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

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Pharmacological Management

AMH

99342ETGYH9TE

Published Proc Cd	99342ETGYH9TE
Proc Cd	99342ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99342ETGYH9U7

Published Proc Cd	99342ETGYH9U7
Proc Cd	99342ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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Pharmacological Management

AMH

99342ETGYTE

Published Proc Cd	99342ETGYTE
Proc Cd	99342ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99342ETGYU7

Published Proc Cd	99342ETGYU7
Proc Cd	99342ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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'.

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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

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

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Pharmacological Management

AMH

99342ETH9TE

Published Proc Cd	99342ETH9TE
Proc Cd	99342ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99342ETH9U7

Published Proc Cd	99342ETH9U7
Proc Cd	99342ETH9U7
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. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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'.

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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

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

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Pharmacological Management

AMH

99342ETHETE

Published Proc Cd	99342ETHETE
Proc Cd	99342ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 30 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99342ETU7

Published Proc Cd	99342ETU7
Proc Cd	99342ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99342U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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'.

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Pharmacological Management

AMH

99342GYH9TE

Published Proc Cd	99342GYH9TE
Proc Cd	99342GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, outpatient home Competency Restoration Program, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

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'.

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Pharmacological Management

AMH

99342GYH9U7

Published Proc Cd	99342GYH9U7
Proc Cd	99342GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, outpatient home Competency Restoration Program, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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Pharmacological Management

AMH

99342GYTE

Published Proc Cd	99342GYTE
Proc Cd	99342GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99342GYU7

Published Proc Cd	99342GYU7
Proc Cd	99342GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

99342H9TE

Published Proc Cd	99342H9TE
Proc Cd	99342H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 30 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99342H9U7

Published Proc Cd	99342H9U7
Proc Cd	99342H9U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99342U7
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	D

SVC_LOCATION_CD

Allowed Values	HM

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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

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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

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Pharmacological Management

AMH

99342HETE

Published Proc Cd	99342HETE
Proc Cd	99342HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 30 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99342U7

Published Proc Cd	99342U7
Proc Cd	99342U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 30 minutes, Home Services. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 30min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99342U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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'.

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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'.

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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

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

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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

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

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Pharmacological Management

AMH

99343ETGYH9TE

Published Proc Cd	99343ETGYH9TE
Proc Cd	99343ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

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'.

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Pharmacological Management

AMH

99343ETGYH9U7

Published Proc Cd	99343ETGYH9U7
Proc Cd	99343ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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Pharmacological Management

AMH

99343ETGYTE

Published Proc Cd	99343ETGYTE
Proc Cd	99343ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

AMH

99343ETGYU7

Published Proc Cd	99343ETGYU7
Proc Cd	99343ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

99343ETH9TE

Published Proc Cd	99343ETH9TE
Proc Cd	99343ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99343ETH9U7

Published Proc Cd	99343ETH9U7
Proc Cd	99343ETH9U7
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. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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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

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

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Pharmacological Management

AMH

99343ETHETE

Published Proc Cd	99343ETHETE
Proc Cd	99343ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 45 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99343ETU7

Published Proc Cd	99343ETU7
Proc Cd	99343ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99343U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

99343GYH9TE

Published Proc Cd	99343GYH9TE
Proc Cd	99343GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, outpatient home Competency Restoration Program, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99343GYH9U7

Published Proc Cd	99343GYH9U7
Proc Cd	99343GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, outpatient home Competency Restoration Program, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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'.

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Pharmacological Management

AMH

99343GYTE

Published Proc Cd	99343GYTE
Proc Cd	99343GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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Pharmacological Management

AMH

99343GYU7

Published Proc Cd	99343GYU7
Proc Cd	99343GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

99343H9TE

Published Proc Cd	99343H9TE
Proc Cd	99343H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 45 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99343H9U7

Published Proc Cd	99343H9U7
Proc Cd	99343H9U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 45min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99343U7
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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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'.

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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'.

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Pharmacological Management

AMH

99343HETE

Published Proc Cd	99343HETE
Proc Cd	99343HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 45 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99343U7

Published Proc Cd	99343U7
Proc Cd	99343U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 45 minutes, Home Services. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 45min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99343U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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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

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

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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

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

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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

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

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Pharmacological Management

AMH

99344ETGYH9TE

Published Proc Cd	99344ETGYH9TE
Proc Cd	99344ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99344ETGYH9U7

Published Proc Cd	99344ETGYH9U7
Proc Cd	99344ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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Pharmacological Management

AMH

99344ETGYTE

Published Proc Cd	99344ETGYTE
Proc Cd	99344ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99344ETGYU7

Published Proc Cd	99344ETGYU7
Proc Cd	99344ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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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'.

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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

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

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Pharmacological Management

AMH

99344ETH9TE

Published Proc Cd	99344ETH9TE
Proc Cd	99344ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

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'.

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Pharmacological Management

AMH

99344ETH9U7

Published Proc Cd	99344ETH9U7
Proc Cd	99344ETH9U7
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. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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'.

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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'.

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Pharmacological Management

AMH

99344ETHETE

Published Proc Cd	99344ETHETE
Proc Cd	99344ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99344ETU7

Published Proc Cd	99344ETU7
Proc Cd	99344ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99344U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

NOTE: 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'.

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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'.

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Pharmacological Management

AMH

99344GYH9TE

Published Proc Cd	99344GYH9TE
Proc Cd	99344GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, outpatient home Competency Restoration Program, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

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'.

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Pharmacological Management

AMH

99344GYH9U7

Published Proc Cd	99344GYH9U7
Proc Cd	99344GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, outpatient home Competency Restoration Program, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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'.

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Pharmacological Management

AMH

99344GYTE

Published Proc Cd	99344GYTE
Proc Cd	99344GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99344GYU7

Published Proc Cd	99344GYU7
Proc Cd	99344GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

99344H9TE

Published Proc Cd	99344H9TE
Proc Cd	99344H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 60 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99344H9U7

Published Proc Cd	99344H9U7
Proc Cd	99344H9U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99344U7
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	D

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'.

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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'.

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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'.

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Pharmacological Management

AMH

99344HETE

Published Proc Cd	99344HETE
Proc Cd	99344HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 60 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99344U7

Published Proc Cd	99344U7
Proc Cd	99344U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99344U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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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'.

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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

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

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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'.

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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'.

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Pharmacological Management

AMH

99345ETGYH9TE

Published Proc Cd	99345ETGYH9TE
Proc Cd	99345ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99345ETGYH9U7

Published Proc Cd	99345ETGYH9U7
Proc Cd	99345ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

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'.

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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

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

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Pharmacological Management

AMH

99345ETGYTE

Published Proc Cd	99345ETGYTE
Proc Cd	99345ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99345ETGYU7

Published Proc Cd	99345ETGYU7
Proc Cd	99345ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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Pharmacological Management

AMH

99345ETH9TE

Published Proc Cd	99345ETH9TE
Proc Cd	99345ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99345ETH9U7

Published Proc Cd	99345ETH9U7
Proc Cd	99345ETH9U7
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. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 75min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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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

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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

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

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Pharmacological Management

AMH

99345ETHETE

Published Proc Cd	99345ETHETE
Proc Cd	99345ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 75 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99345ETU7

Published Proc Cd	99345ETU7
Proc Cd	99345ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 75min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99345U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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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

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

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Pharmacological Management

AMH

99345GYH9TE

Published Proc Cd	99345GYH9TE
Proc Cd	99345GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, outpatient home Competency Restoration Program, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99345GYH9U7

Published Proc Cd	99345GYH9U7
Proc Cd	99345GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, outpatient home Competency Restoration Program, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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Pharmacological Management

AMH

99345GYTE

Published Proc Cd	99345GYTE
Proc Cd	99345GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99345GYU7

Published Proc Cd	99345GYU7
Proc Cd	99345GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

99345H9TE

Published Proc Cd	99345H9TE
Proc Cd	99345H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 75 minutes, Home Services, outpatient home Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99345H9U7

Published Proc Cd	99345H9U7
Proc Cd	99345H9U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 75min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99345U7
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	D

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'.

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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

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

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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

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

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Pharmacological Management

AMH

99345HETE

Published Proc Cd	99345HETE
Proc Cd	99345HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 75 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99345U7

Published Proc Cd	99345U7
Proc Cd	99345U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of a new client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 75 minutes, Home Services. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 75min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99345U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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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

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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

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

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Pharmacological Management

AMH

99347ETGYH9TE

Published Proc Cd	99347ETGYH9TE
Proc Cd	99347ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

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'.

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Pharmacological Management

AMH

99347ETGYH9U7

Published Proc Cd	99347ETGYH9U7
Proc Cd	99347ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

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'.

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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'.

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Pharmacological Management

AMH

99347ETGYTE

Published Proc Cd	99347ETGYTE
Proc Cd	99347ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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Pharmacological Management

AMH

99347ETGYU7

Published Proc Cd	99347ETGYU7
Proc Cd	99347ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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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'.

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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'.

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Pharmacological Management

AMH

99347ETH9TE

Published Proc Cd	99347ETH9TE
Proc Cd	99347ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

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'.

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Pharmacological Management

AMH

99347ETH9U7

Published Proc Cd	99347ETH9U7
Proc Cd	99347ETH9U7
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. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, 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	D

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'.

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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'.

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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'.

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Pharmacological Management

AMH

99347ETHETE

Published Proc Cd	99347ETHETE
Proc Cd	99347ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 15 minutes, Home Services, Established Client
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99347ETU7

Published Proc Cd	99347ETU7
Proc Cd	99347ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99347U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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Pharmacological Management

AMH

99347GYH9TE

Published Proc Cd	99347GYH9TE
Proc Cd	99347GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, outpatient home Competency Restoration Program, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99347GYH9U7

Published Proc Cd	99347GYH9U7
Proc Cd	99347GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, outpatient home Competency Restoration Program, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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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

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Pharmacological Management

AMH

99347GYTE

Published Proc Cd	99347GYTE
Proc Cd	99347GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99347GYU7

Published Proc Cd	99347GYU7
Proc Cd	99347GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 15 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

99347H9TE

Published Proc Cd	99347H9TE
Proc Cd	99347H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 15 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

AMH

99347H9U7

Published Proc Cd	99347H9U7
Proc Cd	99347H9U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 15min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99347U7
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	D

SVC_LOCATION_CD

Allowed Values	HM

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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

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

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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

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

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Pharmacological Management

AMH

99347HETE

Published Proc Cd	99347HETE
Proc Cd	99347HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 15 minutes, Home Services, Established Client
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99347U7

Published Proc Cd	99347U7
Proc Cd	99347U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 15 minutes, Home Services. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 15min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99347U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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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

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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

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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

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

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Pharmacological Management

AMH

99348ETGYH9TE

Published Proc Cd	99348ETGYH9TE
Proc Cd	99348ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99348ETGYH9U7

Published Proc Cd	99348ETGYH9U7
Proc Cd	99348ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	HM

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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

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Pharmacological Management

AMH

99348ETGYTE

Published Proc Cd	99348ETGYTE
Proc Cd	99348ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99348ETGYU7

Published Proc Cd	99348ETGYU7
Proc Cd	99348ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

99348ETH9TE

Published Proc Cd	99348ETH9TE
Proc Cd	99348ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99348ETH9U7

Published Proc Cd	99348ETH9U7
Proc Cd	99348ETH9U7
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. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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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

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

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Pharmacological Management

AMH

99348ETHETE

Published Proc Cd	99348ETHETE
Proc Cd	99348ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 25 minutes, Home Services, Established Client
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99348ETU7

Published Proc Cd	99348ETU7
Proc Cd	99348ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99348U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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Pharmacological Management

AMH

99348GYH9TE

Published Proc Cd	99348GYH9TE
Proc Cd	99348GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, outpatient home Competency Restoration Program, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99348GYH9U7

Published Proc Cd	99348GYH9U7
Proc Cd	99348GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, outpatient home Competency Restoration Program, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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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

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

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Pharmacological Management

AMH

99348GYTE

Published Proc Cd	99348GYTE
Proc Cd	99348GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99348GYU7

Published Proc Cd	99348GYU7
Proc Cd	99348GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 25 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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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

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

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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

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

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Pharmacological Management

AMH

99348H9TE

Published Proc Cd	99348H9TE
Proc Cd	99348H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 25 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99348H9U7

Published Proc Cd	99348H9U7
Proc Cd	99348H9U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 25min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99348U7
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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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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

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

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Pharmacological Management

AMH

99348HETE

Published Proc Cd	99348HETE
Proc Cd	99348HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 25 minutes, Home Services, Established Client
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99348U7

Published Proc Cd	99348U7
Proc Cd	99348U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 25 minutes, Home Services. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 25min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99348U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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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

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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

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

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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'.

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Pharmacological Management

AMH

99349ETGYH9TE

Published Proc Cd	99349ETGYH9TE
Proc Cd	99349ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

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'.

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Pharmacological Management

AMH

99349ETGYH9U7

Published Proc Cd	99349ETGYH9U7
Proc Cd	99349ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

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'.

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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'.

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Pharmacological Management

AMH

99349ETGYTE

Published Proc Cd	99349ETGYTE
Proc Cd	99349ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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Pharmacological Management

AMH

99349ETGYU7

Published Proc Cd	99349ETGYU7
Proc Cd	99349ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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

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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'.

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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'.

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Pharmacological Management

AMH

99349ETH9TE

Published Proc Cd	99349ETH9TE
Proc Cd	99349ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

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'.

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Pharmacological Management

AMH

99349ETH9U7

Published Proc Cd	99349ETH9U7
Proc Cd	99349ETH9U7
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. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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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

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

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Pharmacological Management

AMH

99349ETHETE

Published Proc Cd	99349ETHETE
Proc Cd	99349ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 40 minutes, Home Services, Established Client
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99349ETU7

Published Proc Cd	99349ETU7
Proc Cd	99349ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99349U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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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

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Pharmacological Management

AMH

99349GYH9TE

Published Proc Cd	99349GYH9TE
Proc Cd	99349GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, outpatient home Competency Restoration Program, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99349GYH9U7

Published Proc Cd	99349GYH9U7
Proc Cd	99349GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, outpatient home Competency Restoration Program, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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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

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

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Pharmacological Management

AMH

99349GYTE

Published Proc Cd	99349GYTE
Proc Cd	99349GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99349GYU7

Published Proc Cd	99349GYU7
Proc Cd	99349GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 40 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

99349H9TE

Published Proc Cd	99349H9TE
Proc Cd	99349H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 40 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99349H9U7

Published Proc Cd	99349H9U7
Proc Cd	99349H9U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 40min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99349U7
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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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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

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

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Pharmacological Management

AMH

99349HETE

Published Proc Cd	99349HETE
Proc Cd	99349HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 40 minutes, Home Services, Established Client
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99349U7

Published Proc Cd	99349U7
Proc Cd	99349U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 40 minutes, Home Services. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 40min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99349U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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'.

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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

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

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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

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

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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

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

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Pharmacological Management

AMH

99350ETGYH9TE

Published Proc Cd	99350ETGYH9TE
Proc Cd	99350ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99350ETGYH9U7

Published Proc Cd	99350ETGYH9U7
Proc Cd	99350ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	HM

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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

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

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Pharmacological Management

AMH

99350ETGYTE

Published Proc Cd	99350ETGYTE
Proc Cd	99350ETGYTE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD visit, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99350ETGYU7

Published Proc Cd	99350ETGYU7
Proc Cd	99350ETGYU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD visit, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt crisis, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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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

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

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Pharmacological Management

AMH

99350ETH9TE

Published Proc Cd	99350ETH9TE
Proc Cd	99350ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99350ETH9U7

Published Proc Cd	99350ETH9U7
Proc Cd	99350ETH9U7
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. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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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

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

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Pharmacological Management

AMH

99350ETHETE

Published Proc Cd	99350ETHETE
Proc Cd	99350ETHETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services, Established Client
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99350ETU7

Published Proc Cd	99350ETU7
Proc Cd	99350ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99350U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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'.

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Pharmacological Management

AMH

99350GYH9TE

Published Proc Cd	99350GYH9TE
Proc Cd	99350GYH9TE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, outpatient home Competency Restoration Program, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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

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Pharmacological Management

AMH

99350GYH9U7

Published Proc Cd	99350GYH9U7
Proc Cd	99350GYH9U7
Proc Desc	Pharmacological Management by PA incidental to MD visit, outpatient home Competency Restoration Program, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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Pharmacological Management

AMH

99350GYTE

Published Proc Cd	99350GYTE
Proc Cd	99350GYTE
Proc Desc	Pharmacological Management by LVN incidental to MD visit, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99350GYU7

Published Proc Cd	99350GYU7
Proc Cd	99350GYU7
Proc Desc	Pharmacological Management by PA incidental to MD visit, Typically 60 minutes, Home Services, Established Client
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

AMH

99350H9TE

Published Proc Cd	99350H9TE
Proc Cd	99350H9TE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 60 minutes, Home Services, Established Client, outpatient home Competency Restoration Program
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	HM

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Pharmacological Management

AMH

99350H9U7

Published Proc Cd	99350H9U7
Proc Cd	99350H9U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services. Performed by a PA, outpatient home Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99350U7
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	D

SVC_LOCATION_CD

Allowed Values	HM

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

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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

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

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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

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Pharmacological Management

AMH

99350HETE

Published Proc Cd	99350HETE
Proc Cd	99350HETE
Proc Desc	Supplemental Nursing Services by LVN that are not incidental to another service, typically 60 minutes, Home Services, Established Client
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99350U7

Published Proc Cd	99350U7
Proc Cd	99350U7
Proc Desc	Pharmacological Management, outpatient home evaluation and management of an established client, that may not require the presence of a MD. Usually, the presenting problem(s) are minimal. Typically 60 minutes, Home Services. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99350U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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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

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

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Pharmacological Management

AMH

9935495

Published Proc Cd	9935495
Proc Cd	9935495
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9935495
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	A1M	A1S	A2	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

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Pharmacological Management

AMH

9935495ET

Published Proc Cd	9935495ET
Proc Cd	9935495ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354ET95
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	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

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

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Pharmacological Management

AMH

9935495ETH9

Published Proc Cd	9935495ETH9
Proc Cd	9935495ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management of a new client , that may not require the presence of a MD via telemedicine, 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, E/M, MD, video, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9935495
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

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	*

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Pharmacological Management

AMH

9935495ETH9U7

Published Proc Cd	9935495ETH9U7
Proc Cd	9935495ETH9U7
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. Performed by a PA, outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

9935495ETU7

Published Proc Cd	9935495ETU7
Proc Cd	9935495ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

9935495H9

Published Proc Cd	9935495H9
Proc Cd	9935495H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client , that may not require the presence of a MD via telemedicine, 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, E/M MD, video, OCR, 60 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9935495
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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

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Pharmacological Management

AMH

9935495H9U7

Published Proc Cd	9935495H9U7
Proc Cd	9935495H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, 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. Performed by a PA, outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

9935495U7

Published Proc Cd	9935495U7
Proc Cd	9935495U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, 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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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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	*

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Pharmacological Management

AMH

99354ETGYH9TE

Published Proc Cd	99354ETGYH9TE
Proc Cd	99354ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99354ETGYH9U7

Published Proc Cd	99354ETGYH9U7
Proc Cd	99354ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99354ETGYTE

Published Proc Cd	99354ETGYTE
Proc Cd	99354ETGYTE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99354ETGYU7

Published Proc Cd	99354ETGYU7
Proc Cd	99354ETGYU7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99354ETH9TE

Published Proc Cd	99354ETH9TE
Proc Cd	99354ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

99354ETH9U7

Published Proc Cd	99354ETH9U7
Proc Cd	99354ETH9U7
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. Performed by a PA, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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

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

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Pharmacological Management

AMH

99354ETHETE

Published Proc Cd	99354ETHETE
Proc Cd	99354ETHETE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99354ETU7

Published Proc Cd	99354ETU7
Proc Cd	99354ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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	*

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

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Pharmacological Management

AMH

99354GYH9TE

Published Proc Cd	99354GYH9TE
Proc Cd	99354GYH9TE
Proc Desc	Pharmacological Management by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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

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

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Pharmacological Management

AMH

99354GYH9U7

Published Proc Cd	99354GYH9U7
Proc Cd	99354GYH9U7
Proc Desc	Pharmacological Management by PA 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 PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99354GYTE

Published Proc Cd	99354GYTE
Proc Cd	99354GYTE
Proc Desc	Pharmacological Management by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

99354GYU7

Published Proc Cd	99354GYU7
Proc Cd	99354GYU7
Proc Desc	Pharmacological Management by PA 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 PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99354H9TE

Published Proc Cd	99354H9TE
Proc Cd	99354H9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99354H9U7

Published Proc Cd	99354H9U7
Proc Cd	99354H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, 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. Performed by a PA, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 60min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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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

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Pharmacological Management

AMH

99354HETE

Published Proc Cd	99354HETE
Proc Cd	99354HETE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99354U7

Published Proc Cd	99354U7
Proc Cd	99354U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, 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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99354U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

AMH

9935595

Published Proc Cd	9935595
Proc Cd	9935595
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9935595
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	A1M	A1S	A2	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

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Pharmacological Management

AMH

9935595ET

Published Proc Cd	9935595ET
Proc Cd	9935595ET
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, in response to a MH crisis, via telemedicine 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, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355ET95
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	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

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

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Pharmacological Management

AMH

9935595ETH9

Published Proc Cd	9935595ETH9
Proc Cd	9935595ETH9
Proc Desc	Pharmacological Management, in response to a MH crisis, outpatient evaluation and management of a new client , that may not require the presence of a MD via telemedicine, 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, E/M, MD, video, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9935595
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

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	*

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

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Pharmacological Management

AMH

9935595ETH9U7

Published Proc Cd	9935595ETH9U7
Proc Cd	9935595ETH9U7
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. Performed by a PA, outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, OCR, video
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	1/1/17
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	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	D

SVC_LOCATION_CD

Allowed Values	*

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

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Pharmacological Management

AMH

9935595ETU7

Published Proc Cd	9935595ETU7
Proc Cd	9935595ETU7
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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

AMH

9935595H9

Published Proc Cd	9935595H9
Proc Cd	9935595H9
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client , that may not require the presence of a MD via telemedicine, 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, E/M MD, video, OCR, 30 min
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	9935595
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	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	*

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Pharmacological Management

AMH

9935595H9U7

Published Proc Cd	9935595H9U7
Proc Cd	9935595H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, 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. Performed by a PA, outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355U7
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

LOC_A_CD

Allowed Values	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

9935595U7

Published Proc Cd	9935595U7
Proc Cd	9935595U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, 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. Performed by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355U7
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	A1M	A1S	A2	A3	A4	A5	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	*

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Pharmacological Management

AMH

99355ETGYH9TE

Published Proc Cd	99355ETGYH9TE
Proc Cd	99355ETGYH9TE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99355ETGYH9U7

Published Proc Cd	99355ETGYH9U7
Proc Cd	99355ETGYH9U7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99355ETGYTE

Published Proc Cd	99355ETGYTE
Proc Cd	99355ETGYTE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99355ETGYU7

Published Proc Cd	99355ETGYU7
Proc Cd	99355ETGYU7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	AEO	ATAY

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99355ETH9TE

Published Proc Cd	99355ETH9TE
Proc Cd	99355ETH9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99355ETH9U7

Published Proc Cd	99355ETH9U7
Proc Cd	99355ETH9U7
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. Performed by a PA, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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

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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	*

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

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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

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

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Pharmacological Management

AMH

99355ETHETE

Published Proc Cd	99355ETHETE
Proc Cd	99355ETHETE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

AMH

99355ETU7

Published Proc Cd	99355ETU7
Proc Cd	99355ETU7
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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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	*

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Pharmacological Management

AMH

99355GYH9TE

Published Proc Cd	99355GYH9TE
Proc Cd	99355GYH9TE
Proc Desc	Pharmacological Management by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99355GYH9U7

Published Proc Cd	99355GYH9U7
Proc Cd	99355GYH9U7
Proc Desc	Pharmacological Management by PA 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 PA, 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	D

SVC_LOCATION_CD

Allowed Values	*

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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

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Pharmacological Management

AMH

99355GYTE

Published Proc Cd	99355GYTE
Proc Cd	99355GYTE
Proc Desc	Pharmacological Management by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

AMH

99355GYU7

Published Proc Cd	99355GYU7
Proc Cd	99355GYU7
Proc Desc	Pharmacological Management by PA 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 PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	*

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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	*

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Pharmacological Management

AMH

99355H9TE

Published Proc Cd	99355H9TE
Proc Cd	99355H9TE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	*

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Pharmacological Management

AMH

99355H9U7

Published Proc Cd	99355H9U7
Proc Cd	99355H9U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, 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. Performed by a PA, outpatient Competency Restoration Program
Proc Short Desc	Pharm Mgmt EM, 30min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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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	*

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

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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

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Pharmacological Management

AMH

99355HETE

Published Proc Cd	99355HETE
Proc Cd	99355HETE
Proc Desc	Supplemental Nursing Services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

AMH

99355U7

Published Proc Cd	99355U7
Proc Cd	99355U7
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new client, 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. Performed by a PA
Proc Short Desc	Pharm Mgmt EM, 30min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1102
Medicaid Billing Code	99355U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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Pharmacological Management

CMH

9083395HA

Published Proc Cd	9083395HA
Proc Cd	9083395HA
Proc Desc	Psychotherapy add-on 16-37 minutes, MD, via telemedicine
Proc Short Desc	Psychotherapy add-on, 16-37 min, MD, video
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	1/1/17
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	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	H	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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

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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

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

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Pharmacological Management

CMH

9083695HA

Published Proc Cd	9083695HA
Proc Cd	9083695HA
Proc Desc	Psychotherapy add-on 38-52 minutes, MD, via telemedicine
Proc Short Desc	Psychotherapy add-on, 38-52 min, MD, video
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	1/1/17
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	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	GH	JA	OF	SC	SF

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

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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

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

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Pharmacological Management

CMH

9083895HA

Published Proc Cd	9083895HA
Proc Cd	9083895HA
Proc Desc	Psychotherapy add-on 53+ minutes, MD, via telemedicine
Proc Short Desc	Psychotherapy add-on, 53+ min, MD, video
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	1/1/17
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	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	JA	OF	SC	SF

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

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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

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Pharmacological Management

CMH

9920195ETHA

Published Proc Cd	9920195ET
Proc Cd	9920195ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis via telemedicine, 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, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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Pharmacological Management

CMH

9920195ETHAU7

Published Proc Cd	9920195ETU7
Proc Cd	9920195ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99201U7
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	E

LOC_A_CD

Allowed Values	C0	C1	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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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Pharmacological Management

CMH

9920195HA

Published Proc Cd	9920195
Proc Cd	9920195HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient via telemedicine, 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, video
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	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	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

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Pharmacological Management

CMH

9920195HAU7

Published Proc Cd	9920195U7
Proc Cd	9920195HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 10min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99201U7
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	E	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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Pharmacological Management

CMH

99201ETGYHATE

Published Proc Cd	99201ETGYHATE
Proc Cd	99201ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99201ETGYHAU7

Published Proc Cd	99201ETGYHAU7
Proc Cd	99201ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99201ETHAHETE

Published Proc Cd	99201ETHAHETE
Proc Cd	99201ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 10 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99201ETHAU7

Published Proc Cd	99201ETU7
Proc Cd	99201ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99201U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99201GYHATE

Published Proc Cd	99201GYHATE
Proc Cd	99201GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99201GYHAU7

Published Proc Cd	99201GYHAU7
Proc Cd	99201GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99201HAHETE

Published Proc Cd	99201HAHETE
Proc Cd	99201HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 10 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99201HAU7

Published Proc Cd	99201U7
Proc Cd	99201HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 10min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99201U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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

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Pharmacological Management

CMH

9920295ETHA

Published Proc Cd	9920295ET
Proc Cd	9920295ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis via telemedicine, 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, 20 min, CMH, video
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	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	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	OF	SC	SF

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

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Pharmacological Management

CMH

9920295ETHAU7

Published Proc Cd	9920295ETU7
Proc Cd	9920295ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99202U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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Pharmacological Management

CMH

9920295HA

Published Proc Cd	9920295
Proc Cd	9920295HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient via telemedicine, 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, 20 min, CMH, video
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	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	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

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Pharmacological Management

CMH

9920295HAU7

Published Proc Cd	9920295U7
Proc Cd	9920295HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 20min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99202U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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

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Pharmacological Management

CMH

99202ETGYHATE

Published Proc Cd	99202ETGYHATE
Proc Cd	99202ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99202ETGYHAU7

Published Proc Cd	99202ETGYHAU7
Proc Cd	99202ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 20 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99202ETHAHETE

Published Proc Cd	99202ETHAHETE
Proc Cd	99202ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 20 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99202ETHAU7

Published Proc Cd	99202ETU7
Proc Cd	99202ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99202U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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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

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Pharmacological Management

CMH

99202GYHATE

Published Proc Cd	99202GYHATE
Proc Cd	99202GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 20 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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Pharmacological Management

CMH

99202GYHAU7

Published Proc Cd	99202GYHAU7
Proc Cd	99202GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 20 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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

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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

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

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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

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

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Pharmacological Management

CMH

99202HAHETE

Published Proc Cd	99202HAHETE
Proc Cd	99202HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 20 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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

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Pharmacological Management

CMH

99202HAU7

Published Proc Cd	99202U7
Proc Cd	99202HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 20min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99202U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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'.

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Pharmacological Management

CMH

9920395ETHA

Published Proc Cd	9920395ET
Proc Cd	9920395ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis via telemedicine, 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, 30 min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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

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Pharmacological Management

CMH

9920395ETHAU7

Published Proc Cd	9920395ETU7
Proc Cd	9920395ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99203U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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

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Pharmacological Management

CMH

9920395HA

Published Proc Cd	9920395
Proc Cd	9920395HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient via telemedicine, 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, 30 min, CMH, video
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	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	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	HM	JA	NF	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9920395HAU7

Published Proc Cd	9920395U7
Proc Cd	9920395HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99203U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

99203ETGYHATE

Published Proc Cd	99203ETGYHATE
Proc Cd	99203ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99203ETGYHAU7

Published Proc Cd	99203ETGYHAU7
Proc Cd	99203ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99203ETHAHETE

Published Proc Cd	99203ETHAHETE
Proc Cd	99203ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 30 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99203ETHAU7

Published Proc Cd	99203ETU7
Proc Cd	99203ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99203U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99203GYHATE

Published Proc Cd	99203GYHATE
Proc Cd	99203GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

99203GYHAU7

Published Proc Cd	99203GYHAU7
Proc Cd	99203GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99203HAHETE

Published Proc Cd	99203HAHETE
Proc Cd	99203HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 30 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99203HAU7

Published Proc Cd	99203U7
Proc Cd	99203HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 30min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99203U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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'.

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Pharmacological Management

CMH

9920495ETHA

Published Proc Cd	9920495ET
Proc Cd	9920495ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis via telemedicine, 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, 45 min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9920495ETHAU7

Published Proc Cd	9920495ETU7
Proc Cd	9920495ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99204U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9920495HA

Published Proc Cd	9920495
Proc Cd	9920495HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient via telemedicine, 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, 45 min, CMH, video
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	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	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

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Pharmacological Management

CMH

9920495HAU7

Published Proc Cd	9920495U7
Proc Cd	9920495HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 45min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99204U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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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

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Pharmacological Management

CMH

99204ETGYHATE

Published Proc Cd	99204ETGYHATE
Proc Cd	99204ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99204ETGYHAU7

Published Proc Cd	99204ETGYHAU7
Proc Cd	99204ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 45 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99204ETHAHETE

Published Proc Cd	99204ETHAHETE
Proc Cd	99204ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 45 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99204ETHAU7

Published Proc Cd	99204ETU7
Proc Cd	99204ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99204U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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Pharmacological Management

CMH

99204GYHATE

Published Proc Cd	99204GYHATE
Proc Cd	99204GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 45 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99204GYHAU7

Published Proc Cd	99204GYHAU7
Proc Cd	99204GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 45 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99204HAHETE

Published Proc Cd	99204HAHETE
Proc Cd	99204HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 45 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99204HAU7

Published Proc Cd	99204U7
Proc Cd	99204HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 45min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99204U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9920595ETHA

Published Proc Cd	9920595ET
Proc Cd	9920595ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient in response to a MH crisis via telemedicine, 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, 60 min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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Pharmacological Management

CMH

9920595ETHAU7

Published Proc Cd	9920595ETU7
Proc Cd	9920595ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99205U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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Pharmacological Management

CMH

9920595HA

Published Proc Cd	9920595
Proc Cd	9920595HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of a new patient via telemedicine, 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, 60 min, CMH, video
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	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	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

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Pharmacological Management

CMH

9920595HAU7

Published Proc Cd	9920595U7
Proc Cd	9920595HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99205U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	NF	OF	SC	SF

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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

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Pharmacological Management

CMH

99205ETGYHATE

Published Proc Cd	99205ETGYHATE
Proc Cd	99205ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99205ETGYHAU7

Published Proc Cd	99205ETGYHAU7
Proc Cd	99205ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99205ETHAHETE

Published Proc Cd	99205ETHAHETE
Proc Cd	99205ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99205ETHAU7

Published Proc Cd	99205ETU7
Proc Cd	99205ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99205U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99205GYHATE

Published Proc Cd	99205GYHATE
Proc Cd	99205GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99205GYHAU7

Published Proc Cd	99205GYHAU7
Proc Cd	99205GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99205HAHETE

Published Proc Cd	99205HAHETE
Proc Cd	99205HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 60 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99205HAU7

Published Proc Cd	99205U7
Proc Cd	99205HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99205U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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Pharmacological Management

CMH

9921195ETHA

Published Proc Cd	9921195ET
Proc Cd	9921195ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis via telemedicine, 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, 5 min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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Pharmacological Management

CMH

9921195ETHAU7

Published Proc Cd	9921195ETU7
Proc Cd	9921195ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 5min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99211U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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Pharmacological Management

CMH

9921195HA

Published Proc Cd	9921195
Proc Cd	9921195HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient via telemedicine, 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, 5 min, CMH, video
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	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	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	U

SERVER_TYPE_CD

Allowed Values	A	C	D	H	I	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	NF	OF	SC	SF

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Pharmacological Management

CMH

9921195HAU7

Published Proc Cd	9921195U7
Proc Cd	9921195HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 5min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99211U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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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

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Pharmacological Management

CMH

99211ETGYHATE

Published Proc Cd	99211ETGYHATE
Proc Cd	99211ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 5 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99211ETGYHAU7

Published Proc Cd	99211ETGYHAU7
Proc Cd	99211ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 5 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	CS	HM	OF	SC	SF

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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

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Pharmacological Management

CMH

99211ETHAHETE

Published Proc Cd	99211ETHAHETE
Proc Cd	99211ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 5 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99211ETHAU7

Published Proc Cd	99211ETU7
Proc Cd	99211ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 5min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99211U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99211GYHATE

Published Proc Cd	99211GYHATE
Proc Cd	99211GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 5 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99211GYHAU7

Published Proc Cd	99211GYHAU7
Proc Cd	99211GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 5 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99211HAHETE

Published Proc Cd	99211HAHETE
Proc Cd	99211HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 5 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99211HAU7

Published Proc Cd	99211U7
Proc Cd	99211HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 5min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99211U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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Pharmacological Management

CMH

9921295ETHA

Published Proc Cd	9921295ET
Proc Cd	9921295ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis via telemedicine, 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, 10 min, CMH, video
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	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	HM	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	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'.

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Pharmacological Management

CMH

9921295ETHAU7

Published Proc Cd	9921295ETU7
Proc Cd	9921295ETHAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, in response to a MH crisis. Typically 10 minutes by PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99212U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921295HA

Published Proc Cd	9921295
Proc Cd	9921295HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient via telemedicine, 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, 10 min, CMH, video
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	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	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

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Pharmacological Management

CMH

9921295HAU7

Published Proc Cd	9921295U7
Proc Cd	9921295HAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. Typically 10 minutes by PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 10min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99212U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99212ETGYHATE

Published Proc Cd	99212ETGYHATE
Proc Cd	99212ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99212ETGYHAU7

Published Proc Cd	99212ETGYHAU7
Proc Cd	99212ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	CS	HM	OF	SC	SF

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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

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Pharmacological Management

CMH

99212ETHAHETE

Published Proc Cd	99212ETHAHETE
Proc Cd	99212ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 10 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99212ETHAU7

Published Proc Cd	99212ETU7
Proc Cd	99212ETHAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, in response to a MH crisis. Typically 10 minutes by PA
Proc Short Desc	Pharm Mgmt EM crisis, 10min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99212U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99212GYHATE

Published Proc Cd	99212GYHATE
Proc Cd	99212GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99212GYHAU7

Published Proc Cd	99212GYHAU7
Proc Cd	99212GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 10 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99212HAHETE

Published Proc Cd	99212HAHETE
Proc Cd	99212HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 10 minutes
Proc Short Desc	Sup LVN, 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	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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

99212HAU7

Published Proc Cd	99212U7
Proc Cd	99212HAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. Typically 10 minutes by PA
Proc Short Desc	Pharm Mgmt EM, 10min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99212U7
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

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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921395ETHA

Published Proc Cd	9921395ET
Proc Cd	9921395ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis via telemedicine, 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, 15 min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921395ETHAU7

Published Proc Cd	9921395ETU7
Proc Cd	9921395ETHAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, in response to a MH crisis. PA typically spends 15 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99213U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921395HA

Published Proc Cd	9921395
Proc Cd	9921395HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient via telemedicine, 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, 15 min, CMH, video
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	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	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	U

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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921395HAU7

Published Proc Cd	9921395U7
Proc Cd	9921395HAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. PA typically spends 15 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 15min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99213U7
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	E	T

LOC_A_CD

Allowed Values	C1	C2	C4	C5	CY	CYC

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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Pharmacological Management

CMH

99213ETGYHATE

Published Proc Cd	99213ETGYHATE
Proc Cd	99213ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99213ETGYHAU7

Published Proc Cd	99213ETGYHAU7
Proc Cd	99213ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	CS	HM	OF	SC	SF

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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

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Pharmacological Management

CMH

99213ETHAHETE

Published Proc Cd	99213ETHAHETE
Proc Cd	99213ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 15 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99213ETHAU7

Published Proc Cd	99213ETU7
Proc Cd	99213ETHAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, in response to a MH crisis. PA typically spends 15 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99213U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99213GYHATE

Published Proc Cd	99213GYHATE
Proc Cd	99213GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99213GYHAU7

Published Proc Cd	99213GYHAU7
Proc Cd	99213GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99213HAHETE

Published Proc Cd	99213HAHETE
Proc Cd	99213HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 15 minutes
Proc Short Desc	Sup LVN, 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

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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99213HAU7

Published Proc Cd	99213U7
Proc Cd	99213HAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. PA typically spends 15 minutes
Proc Short Desc	Pharm Mgmt EM, 15min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99213U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921495ETHA

Published Proc Cd	9921495ET
Proc Cd	9921495ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis via telemedicine, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 25 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 25 min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921495ETHAU7

Published Proc Cd	9921495ETU7
Proc Cd	9921495ETHAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, in response to a MH crisis. PA typically spends 25 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99214U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921495HA

Published Proc Cd	9921495
Proc Cd	9921495HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient via telemedicine, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 25 minutes
Proc Short Desc	Pharm Mgmt EM, 25 min, CMH, video
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	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	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	GH	HM	JA	NF	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

9921495HAU7

Published Proc Cd	9921495U7
Proc Cd	9921495HAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. PA typically spends 25 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 25min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99214U7
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	E	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99214ETGYHATE

Published Proc Cd	99214ETGYHATE
Proc Cd	99214ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 25 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99214ETGYHAU7

Published Proc Cd	99214ETGYHAU7
Proc Cd	99214ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 25 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99214ETHAHETE

Published Proc Cd	99214ETHAHETE
Proc Cd	99214ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 25 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99214ETHAU7

Published Proc Cd	99214ETU7
Proc Cd	99214ETHAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, in response to a MH crisis. PA typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99214U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99214GYHATE

Published Proc Cd	99214GYHATE
Proc Cd	99214GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 25 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99214GYHAU7

Published Proc Cd	99214GYHAU7
Proc Cd	99214GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 25 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99214HAHETE

Published Proc Cd	99214HAHETE
Proc Cd	99214HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 25 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99214HAU7

Published Proc Cd	99214U7
Proc Cd	99214HAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. PA typically spends 25 minutes
Proc Short Desc	Pharm Mgmt EM, 25min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99214U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921595ETHA

Published Proc Cd	9921595ET
Proc Cd	9921595ETHA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient in response to a MH crisis via telemedicine, 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, 40 min, CMH, video
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	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	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	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'.

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Pharmacological Management

CMH

9921595ETHAU7

Published Proc Cd	9921595ETU7
Proc Cd	9921595ETHAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, in response to a MH crisis. PA typically spends 40 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99215U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9921595HA

Published Proc Cd	9921595
Proc Cd	9921595HA
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient via telemedicine, 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, 40 min, CMH, video
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	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	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	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'.

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Pharmacological Management

CMH

9921595HAU7

Published Proc Cd	9921595U7
Proc Cd	9921595HAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. PA typically spends 40 minutes, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 40min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99215U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99215ETGYHATE

Published Proc Cd	99215ETGYHATE
Proc Cd	99215ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99215ETGYHAU7

Published Proc Cd	99215ETGYHAU7
Proc Cd	99215ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99215ETHAHETE

Published Proc Cd	99215ETHAHETE
Proc Cd	99215ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 40 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99215ETHAU7

Published Proc Cd	99215ETU7
Proc Cd	99215ETHAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient, in response to a MH crisis. PA typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99215U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99215GYHATE

Published Proc Cd	99215GYHATE
Proc Cd	99215GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

99215GYHAU7

Published Proc Cd	99215GYHAU7
Proc Cd	99215GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	S	T

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99215HAHETE

Published Proc Cd	99215HAHETE
Proc Cd	99215HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 40 minutes
Proc Short Desc	Sup LVN, 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	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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99215HAU7

Published Proc Cd	99215U7
Proc Cd	99215HAU7
Proc Desc	Pharmacological Management, outpatient evaluation and management of an established patient. PA typically spends 40 minutes
Proc Short Desc	Pharm Mgmt EM, 40min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99215U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924195ETHA

Published Proc Cd	9924195ET
Proc Cd	9924195ETHA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, CMH,video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924195ETHAU7

Published Proc Cd	9924195ETU7
Proc Cd	9924195ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99241U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924195HA

Published Proc Cd	9924195
Proc Cd	9924195HA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 15min, CMH, video
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	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	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	OF	SC	SF

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Pharmacological Management

CMH

9924195HAU7

Published Proc Cd	9924195U7
Proc Cd	9924195HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 15min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99241U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99241ETGYHATE

Published Proc Cd	99241ETGYHATE
Proc Cd	99241ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99241ETGYHAU7

Published Proc Cd	99241ETGYHAU7
Proc Cd	99241ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99241ETHAHETE

Published Proc Cd	99241ETHAHETE
Proc Cd	99241ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 15 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99241ETHAU7

Published Proc Cd	99241ETU7
Proc Cd	99241ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99241U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99241GYHATE

Published Proc Cd	99241GYHATE
Proc Cd	99241GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99241GYHAU7

Published Proc Cd	99241GYHAU7
Proc Cd	99241GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 15 minutes
Proc Short Desc	Pharm Mgmt PA, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99241HAHETE

Published Proc Cd	99241HAHETE
Proc Cd	99241HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 15 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99241HAU7

Published Proc Cd	99241U7
Proc Cd	99241HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 15min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99241U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924295ETHA

Published Proc Cd	9924295ET
Proc Cd	9924295ETHA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924295ETHAU7

Published Proc Cd	9924295ETU7
Proc Cd	9924295ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99242U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924295HA

Published Proc Cd	9924295
Proc Cd	9924295HA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, CMH, video
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	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	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	OF	SC	SF

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Pharmacological Management

CMH

9924295HAU7

Published Proc Cd	9924295U7
Proc Cd	9924295HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99242U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99242ETGYHATE

Published Proc Cd	99242ETGYHATE
Proc Cd	99242ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99242ETGYHAU7

Published Proc Cd	99242ETGYHAU7
Proc Cd	99242ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99242ETHAHETE

Published Proc Cd	99242ETHAHETE
Proc Cd	99242ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 30 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99242ETHAU7

Published Proc Cd	99242ETU7
Proc Cd	99242ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99242U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99242GYHATE

Published Proc Cd	99242GYHATE
Proc Cd	99242GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99242GYHAU7

Published Proc Cd	99242GYHAU7
Proc Cd	99242GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 30 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99242HAHETE

Published Proc Cd	99242HAHETE
Proc Cd	99242HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 30 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99242HAU7

Published Proc Cd	99242U7
Proc Cd	99242HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 30min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99242U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

9924395ETHA

Published Proc Cd	9924395ET
Proc Cd	9924395ETHA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 40min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924395ETHAU7

Published Proc Cd	9924395ETU7
Proc Cd	9924395ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99243U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924395HA

Published Proc Cd	9924395
Proc Cd	9924395HA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 40min, CMH, video
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	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	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	OF	SC	SF

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Pharmacological Management

CMH

9924395HAU7

Published Proc Cd	9924395U7
Proc Cd	9924395HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 40min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99243U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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Pharmacological Management

CMH

99243ETGYHATE

Published Proc Cd	99243ETGYHATE
Proc Cd	99243ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99243ETGYHAU7

Published Proc Cd	99243ETGYHAU7
Proc Cd	99243ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99243ETHAHETE

Published Proc Cd	99243ETHAHETE
Proc Cd	99243ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 40 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99243ETHAU7

Published Proc Cd	99243ETU7
Proc Cd	99243ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99243U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99243GYHATE

Published Proc Cd	99243GYHATE
Proc Cd	99243GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99243GYHAU7

Published Proc Cd	99243GYHAU7
Proc Cd	99243GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 40 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99243HAHETE

Published Proc Cd	99243HAHETE
Proc Cd	99243HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 40 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99243HAU7

Published Proc Cd	99243U7
Proc Cd	99243HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 40min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99243U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

9924495ETHA

Published Proc Cd	9924495ET
Proc Cd	9924495ETHA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924495ETHAU7

Published Proc Cd	9924495ETU7
Proc Cd	9924495ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99244U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924495HA

Published Proc Cd	9924495
Proc Cd	9924495HA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, CMH, video
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	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	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	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

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Pharmacological Management

CMH

9924495HAU7

Published Proc Cd	9924495U7
Proc Cd	9924495HAU7
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 by a PA, viat telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99244U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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Pharmacological Management

CMH

99244ETGYHATE

Published Proc Cd	99244ETGYHATE
Proc Cd	99244ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99244ETGYHAU7

Published Proc Cd	99244ETGYHAU7
Proc Cd	99244ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99244ETHAHETE

Published Proc Cd	99244ETHAHETE
Proc Cd	99244ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99244ETHAU7

Published Proc Cd	99244ETU7
Proc Cd	99244ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99244U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99244GYHATE

Published Proc Cd	99244GYHATE
Proc Cd	99244GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99244GYHAU7

Published Proc Cd	99244GYHAU7
Proc Cd	99244GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 60 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99244HAHETE

Published Proc Cd	99244HAHETE
Proc Cd	99244HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 60 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99244HAU7

Published Proc Cd	99244U7
Proc Cd	99244HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99244U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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Pharmacological Management

CMH

9924595ETHA

Published Proc Cd	9924595ET
Proc Cd	9924595ETHA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 80min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924595ETHAU7

Published Proc Cd	9924595ETU7
Proc Cd	9924595ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 80min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99245U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924595HA

Published Proc Cd	9924595
Proc Cd	9924595HA
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, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 80min, CMH, video
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	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	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	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9924595HAU7

Published Proc Cd	9924595U7
Proc Cd	9924595HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 80min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99245U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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Pharmacological Management

CMH

99245ETGYHATE

Published Proc Cd	99245ETGYHATE
Proc Cd	99245ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 80 minutes
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99245ETGYHAU7

Published Proc Cd	99245ETGYHAU7
Proc Cd	99245ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 80 minutes
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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'.

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Pharmacological Management

CMH

99245ETHAHETE

Published Proc Cd	99245ETHAHETE
Proc Cd	99245ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 80 minutes
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99245ETHAU7

Published Proc Cd	99245ETU7
Proc Cd	99245ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 80min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99245U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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

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Pharmacological Management

CMH

99245GYHATE

Published Proc Cd	99245GYHATE
Proc Cd	99245GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 80 minutes
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99245GYHAU7

Published Proc Cd	99245GYHAU7
Proc Cd	99245GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 80 minutes
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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Pharmacological Management

CMH

99245HAHETE

Published Proc Cd	99245HAHETE
Proc Cd	99245HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 80 minutes
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

CMH

99245HAU7

Published Proc Cd	99245U7
Proc Cd	99245HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 80min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99245U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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'.

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Pharmacological Management

CMH

99341ETGYHATE

Published Proc Cd	99341ETGYHATE
Proc Cd	99341ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99341ETGYHAU7

Published Proc Cd	99341ETGYHAU7
Proc Cd	99341ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99341ETHAHETE

Published Proc Cd	99341ETHAHETE
Proc Cd	99341ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 20 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99341ETHAU7

Published Proc Cd	99341ETU7
Proc Cd	99341ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 20min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99341U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99341GYHATE

Published Proc Cd	99341GYHATE
Proc Cd	99341GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99341GYHAU7

Published Proc Cd	99341GYHAU7
Proc Cd	99341GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 20 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99341HAHETE

Published Proc Cd	99341HAHETE
Proc Cd	99341HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 20 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99341HAU7

Published Proc Cd	99341U7
Proc Cd	99341HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 20min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99341U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99342ETGYHATE

Published Proc Cd	99342ETGYHATE
Proc Cd	99342ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99342ETGYHAU7

Published Proc Cd	99342ETGYHAU7
Proc Cd	99342ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99342ETHAHETE

Published Proc Cd	99342ETHAHETE
Proc Cd	99342ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 30 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99342ETHAU7

Published Proc Cd	99342ETU7
Proc Cd	99342ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99342U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99342GYHATE

Published Proc Cd	99342GYHATE
Proc Cd	99342GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99342GYHAU7

Published Proc Cd	99342GYHAU7
Proc Cd	99342GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 30 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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	CS	HM	OF

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Pharmacological Management

CMH

99342HAHETE

Published Proc Cd	99342HAHETE
Proc Cd	99342HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 30 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99342HAU7

Published Proc Cd	99342U7
Proc Cd	99342HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 30min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99342U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99343ETGYHATE

Published Proc Cd	99343ETGYHATE
Proc Cd	99343ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99343ETGYHAU7

Published Proc Cd	99343ETGYHAU7
Proc Cd	99343ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99343ETHAHETE

Published Proc Cd	99343ETHAHETE
Proc Cd	99343ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 45 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99343ETHAU7

Published Proc Cd	99343ETU7
Proc Cd	99343ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 45min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99343U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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Pharmacological Management

CMH

99343GYHATE

Published Proc Cd	99343GYHATE
Proc Cd	99343GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

99343GYHAU7

Published Proc Cd	99343GYHAU7
Proc Cd	99343GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 45 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99343HAHETE

Published Proc Cd	99343HAHETE
Proc Cd	99343HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 45 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99343HAU7

Published Proc Cd	99343U7
Proc Cd	99343HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 45min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99343U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99344ETGYHATE

Published Proc Cd	99344ETGYHATE
Proc Cd	99344ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

99344ETGYHAU7

Published Proc Cd	99344ETGYHAU7
Proc Cd	99344ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99344ETHAHETE

Published Proc Cd	99344ETHAHETE
Proc Cd	99344ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99344ETHAU7

Published Proc Cd	99344ETU7
Proc Cd	99344ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99344U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99344GYHATE

Published Proc Cd	99344GYHATE
Proc Cd	99344GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99344GYHAU7

Published Proc Cd	99344GYHAU7
Proc Cd	99344GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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	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'.

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Pharmacological Management

CMH

99344HAHETE

Published Proc Cd	99344HAHETE
Proc Cd	99344HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 60 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

CMH

99344HAU7

Published Proc Cd	99344U7
Proc Cd	99344HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99344U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99345ETGYHATE

Published Proc Cd	99345ETGYHATE
Proc Cd	99345ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99345ETGYHAU7

Published Proc Cd	99345ETGYHAU7
Proc Cd	99345ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99345ETHAHETE

Published Proc Cd	99345ETHAHETE
Proc Cd	99345ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 75 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

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'.

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Pharmacological Management

CMH

99345ETHAU7

Published Proc Cd	99345ETU7
Proc Cd	99345ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 75min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99345U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99345GYHATE

Published Proc Cd	99345GYHATE
Proc Cd	99345GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

99345GYHAU7

Published Proc Cd	99345GYHAU7
Proc Cd	99345GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 75 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99345HAHETE

Published Proc Cd	99345HAHETE
Proc Cd	99345HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 75 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99345HAU7

Published Proc Cd	99345U7
Proc Cd	99345HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 75min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99345U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99347ETGYHATE

Published Proc Cd	99347ETGYHATE
Proc Cd	99347ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99347ETGYHAU7

Published Proc Cd	99347ETGYHAU7
Proc Cd	99347ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	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'.

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Pharmacological Management

CMH

99347ETHAHETE

Published Proc Cd	99347ETHAHETE
Proc Cd	99347ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 15 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99347ETHAU7

Published Proc Cd	99347ETU7
Proc Cd	99347ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 15min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99347U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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

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Pharmacological Management

CMH

99347GYHATE

Published Proc Cd	99347GYHATE
Proc Cd	99347GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99347GYHAU7

Published Proc Cd	99347GYHAU7
Proc Cd	99347GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 15 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	CS	HM	OF

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Pharmacological Management

CMH

99347HAHETE

Published Proc Cd	99347HAHETE
Proc Cd	99347HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 15 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99347HAU7

Published Proc Cd	99347U7
Proc Cd	99347HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 15min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99347U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99348ETGYHATE

Published Proc Cd	99348ETGYHATE
Proc Cd	99348ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

99348ETGYHAU7

Published Proc Cd	99348ETGYHAU7
Proc Cd	99348ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	CS	HM	OF

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Pharmacological Management

CMH

99348ETHAHETE

Published Proc Cd	99348ETHAHETE
Proc Cd	99348ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 25 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99348ETHAU7

Published Proc Cd	99348ETU7
Proc Cd	99348ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 25min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99348U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99348GYHATE

Published Proc Cd	99348GYHATE
Proc Cd	99348GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99348GYHAU7

Published Proc Cd	99348GYHAU7
Proc Cd	99348GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 25 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99348HAHETE

Published Proc Cd	99348HAHETE
Proc Cd	99348HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 25 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99348HAU7

Published Proc Cd	99348U7
Proc Cd	99348HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 25min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99348U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99349ETGYHATE

Published Proc Cd	99349ETGYHATE
Proc Cd	99349ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99349ETGYHAU7

Published Proc Cd	99349ETGYHAU7
Proc Cd	99349ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	CS	HM	OF

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Pharmacological Management

CMH

99349ETHAHETE

Published Proc Cd	99349ETHAHETE
Proc Cd	99349ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 40 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99349ETHAU7

Published Proc Cd	99349ETU7
Proc Cd	99349ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 40min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99349U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99349GYHATE

Published Proc Cd	99349GYHATE
Proc Cd	99349GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pharmacological Management

CMH

99349GYHAU7

Published Proc Cd	99349GYHAU7
Proc Cd	99349GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 40 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99349HAHETE

Published Proc Cd	99349HAHETE
Proc Cd	99349HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 40 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99349HAU7

Published Proc Cd	99349U7
Proc Cd	99349HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 40min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99349U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99350ETGYHATE

Published Proc Cd	99350ETGYHATE
Proc Cd	99350ETGYHATE
Proc Desc	Pharmacological Management by LVN, in response to a MH crisis, incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99350ETGYHAU7

Published Proc Cd	99350ETGYHAU7
Proc Cd	99350ETGYHAU7
Proc Desc	Pharmacological Management by PA, in response to a MH crisis, incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt crisis, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	CS	HM	OF

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Pharmacological Management

CMH

99350ETHAHETE

Published Proc Cd	99350ETHAHETE
Proc Cd	99350ETHAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, in response to a MH crisis, typically 60 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99350ETHAU7

Published Proc Cd	99350ETU7
Proc Cd	99350ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99350U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99350GYHATE

Published Proc Cd	99350GYHATE
Proc Cd	99350GYHATE
Proc Desc	Pharmacological Management by LVN incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99350GYHAU7

Published Proc Cd	99350GYHAU7
Proc Cd	99350GYHAU7
Proc Desc	Pharmacological Management by PA incidental to MD Visit, typically 60 minutes, Home Services
Proc Short Desc	Pharm Mgmt PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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	CS	HM	OF

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Pharmacological Management

CMH

99350HAHETE

Published Proc Cd	99350HAHETE
Proc Cd	99350HAHETE
Proc Desc	Supplemental nursing services by LVN that are not incidental to another service, typically 60 minutes, Home Services
Proc Short Desc	Sup LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99350HAU7

Published Proc Cd	99350U7
Proc Cd	99350HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99350U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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Pharmacological Management

CMH

9935495ETHA

Published Proc Cd	9935495ET
Proc Cd	9935495ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis via telemedicine, 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, 60 min, CMH, video
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	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	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	S	T

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9935495ETHAU7

Published Proc Cd	9935495ETU7
Proc Cd	9935495ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99354U7
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	E

LOC_A_CD

Allowed Values	C0	C1	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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9935495HA

Published Proc Cd	9935495
Proc Cd	9935495HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient via telemedicine, 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, 60 min, CMH, video
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	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	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	OF	SC	SF

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Pharmacological Management

CMH

9935495HAU7

Published Proc Cd	9935495U7
Proc Cd	9935495HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 60min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99354U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99354ETGYHATE

Published Proc Cd	99354ETGYHATE
Proc Cd	99354ETGYHATE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99354ETGYHAU7

Published Proc Cd	99354ETGYHAU7
Proc Cd	99354ETGYHAU7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99354ETHAHETE

Published Proc Cd	99354ETHAHETE
Proc Cd	99354ETHAHETE
Proc Desc	Supplemental nursing services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99354ETHAU7

Published Proc Cd	99354ETU7
Proc Cd	99354ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99354U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99354GYHATE

Published Proc Cd	99354GYHATE
Proc Cd	99354GYHATE
Proc Desc	Pharmacological Management by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99354GYHAU7

Published Proc Cd	99354GYHAU7
Proc Cd	99354GYHAU7
Proc Desc	Pharmacological Management by PA 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 PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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Pharmacological Management

CMH

99354HAHETE

Published Proc Cd	99354HAHETE
Proc Cd	99354HAHETE
Proc Desc	Supplemental nursing services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99354HAU7

Published Proc Cd	99354U7
Proc Cd	99354HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 60min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99354U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9935595ETHA

Published Proc Cd	9935595ET
Proc Cd	9935595ETHA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient in response to a MH crisis via telemedicine, 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, 30 min, CMH, video
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	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	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	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9935595ETHAU7

Published Proc Cd	9935595ETU7
Proc Cd	9935595ETHAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99355U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9935595HA

Published Proc Cd	9935595
Proc Cd	9935595HA
Proc Desc	Pharmacological Management, home outpatient evaluation and management of a new patient via telemedicine, 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, 30 min, CMH, video
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	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	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	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

9935595HAU7

Published Proc Cd	9935595U7
Proc Cd	9935595HAU7
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 by a PA, via telemedicine
Proc Short Desc	Pharm Mgmt EM, 30min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99355U7
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	E

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	D

SVC_LOCATION_CD

Allowed Values	CS	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99355ETGYHATE

Published Proc Cd	99355ETGYHATE
Proc Cd	99355ETGYHATE
Proc Desc	Pharmacological Management by LVN, 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, LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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Pharmacological Management

CMH

99355ETGYHAU7

Published Proc Cd	99355ETGYHAU7
Proc Cd	99355ETGYHAU7
Proc Desc	Pharmacological Management by PA, 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, PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99355ETHAHETE

Published Proc Cd	99355ETHAHETE
Proc Cd	99355ETHAHETE
Proc Desc	Supplemental nursing services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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Pharmacological Management

CMH

99355ETHAU7

Published Proc Cd	99355ETU7
Proc Cd	99355ETHAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM crisis, 30min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99355U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99355GYHATE

Published Proc Cd	99355GYHATE
Proc Cd	99355GYHATE
Proc Desc	Pharmacological Management by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99355GYHAU7

Published Proc Cd	99355GYHAU7
Proc Cd	99355GYHAU7
Proc Desc	Pharmacological Management by PA 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 PA, 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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Pharmacological Management

CMH

99355HAHETE

Published Proc Cd	99355HAHETE
Proc Cd	99355HAHETE
Proc Desc	Supplemental nursing services by LVN 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 LVN, 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	I

SVC_LOCATION_CD

Allowed Values	CS	HM	OF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pharmacological Management

CMH

99355HAU7

Published Proc Cd	99355U7
Proc Cd	99355HAU7
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 by a PA
Proc Short Desc	Pharm Mgmt EM, 30min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2102
Medicaid Billing Code	99355U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Pre-Admission QMHP-CS Assessment

AMH

9079195H9HN

Published Proc Cd	9079195H9HN
Proc Cd	9079195H9HN
Proc Desc	Pre-Admission QMHP-CS Assessment, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Pre-Admit QMHP-CS Assmt, OCR, video
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	1/1/17
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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Pre-Admission QMHP-CS Assessment

AMH

9079195HN

Published Proc Cd	9079195HN
Proc Cd	9079195HN
Proc Desc	Pre-Admission QMHP-CS Assessment, via telemedicine
Proc Short Desc	Pre-Admit QMHP-CS Assmt, video
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	1/1/17
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	2	3	4	5	6	U

SERVER_TYPE_CD

Allowed Values	A	B	C	D	E	F	G	H	I	L	N	S	T

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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	*

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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

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Pre-Admission QMHP-CS Assessment

CMH

9079195HAHN

Published Proc Cd	9079195HAHN
Proc Cd	9079195HAHN
Proc Desc	Pre-Admission QMHP-CS Assessment, CMH, via telemedicine
Proc Short Desc	Pre-Admit QMHP-CS Assmt, CMH, video
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	11/1/17
Eff Dt	11/1/17
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	5

SERVER_TYPE_CD

Allowed Values	B	C	E	F	G	H	L	N

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	NF	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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Prevention

AMH

9940895

Published Proc Cd	9940895
Proc Cd	9940895
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by LPC or LCSW, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, LPC, LCSW, Via Telemedicine
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	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	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

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Prevention

AMH

9940895AH

Published Proc Cd	9940895AH
Proc Cd	9940895AH
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by Licensed Psychologist, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408AH
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	*

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	CS	GH	HM	JA	OF	SC	SF

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Prevention

AMH

9940895AHET

Published Proc Cd	9940895AHET
Proc Cd	9940895AHET
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408AH
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	*

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	CS	GH	HM	JA	OF	SC	SF

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Prevention

AMH

9940895AHETH9

Published Proc Cd	9940895AHETH9
Proc Cd	9940895AHETH9
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408AH
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	*

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	*

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Prevention

AMH

9940895AHH9

Published Proc Cd	9940895AHH9
Proc Cd	9940895AHH9
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by Licensed Psychologist, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408AH
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	*

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	*

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Prevention

AMH

9940895ET

Published Proc Cd	9940895ET
Proc Cd	9940895ET
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by LPC or LCSW, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, LPC, LCSW, video
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	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	*

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

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Prevention

AMH

9940895ETH9

Published Proc Cd	9940895ETH9
Proc Cd	9940895ETH9
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, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, LPC, LCSW, OCR, video
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	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	*

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	*

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Prevention

AMH

9940895ETH9HN

Published Proc Cd	9940895ETH9HN
Proc Cd	9940895ETH9HN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, QMHP, OCR, video
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

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	*

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Prevention

AMH

9940895ETH9TD

Published Proc Cd	9940895ETH9TD
Proc Cd	9940895ETH9TD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by RN, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, RN, OCR, video
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	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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

9940895ETH9TE

Published Proc Cd	9940895ETH9TE
Proc Cd	9940895ETH9TE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by LVN, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, LVN, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

9940895ETH9U7

Published Proc Cd	9940895ETH9U7
Proc Cd	9940895ETH9U7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

9940895ETHN

Published Proc Cd	9940895ETHN
Proc Cd	9940895ETHN
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, video
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

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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Prevention

AMH

9940895ETTD

Published Proc Cd	9940895ETTD
Proc Cd	9940895ETTD
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, video
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	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	*

PROVIDER_TYPE_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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

9940895ETTE

Published Proc Cd	9940895ETTE
Proc Cd	9940895ETTE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by LVN
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, LVN, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

9940895ETU7

Published Proc Cd	9940895ETU7
Proc Cd	9940895ETU7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, PA, videor
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

9940895H9

Published Proc Cd	9940895H9
Proc Cd	9940895H9
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by LPC or LCSW, Outpatient Competency Restoration Program , via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, LPC, LCSW, OCR, video
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	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	*

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	*

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Prevention

AMH

9940895H9HN

Published Proc Cd	9940895H9HN
Proc Cd	9940895H9HN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by QMHP, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, QMHP, OCR, video
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

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	*

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Prevention

AMH

9940895H9TD

Published Proc Cd	9940895H9TD
Proc Cd	9940895H9TD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by RN, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, RN, OCR, video
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	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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

9940895H9TE

Published Proc Cd	9940895H9TE
Proc Cd	9940895H9TE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by LVN, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, LVN, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

9940895H9U7

Published Proc Cd	9940895H9U7
Proc Cd	9940895H9U7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by Physician Assistant, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

9940895HN

Published Proc Cd	9940895HN
Proc Cd	9940895HN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by QMHP, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, QMHP, video
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

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

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Prevention

AMH

9940895TD

Published Proc Cd	9940895TD
Proc Cd	9940895TD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by RN, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, RN, video
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	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	*

PROVIDER_TYPE_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

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Prevention

AMH

9940895TE

Published Proc Cd	9940895TE
Proc Cd	9940895TE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by LVN, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, LVN, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Prevention

AMH

9940895U7

Published Proc Cd	9940895U7
Proc Cd	9940895U7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by Physician Assistant, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Prevention

AMH

99408AH

Published Proc Cd	99408AH
Proc Cd	99408AH
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Prevention

AMH

99408AHET

Published Proc Cd	99408AHET
Proc Cd	99408AHET
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408AH
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

LOC_A_CD

Allowed Values	*

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	CS	GH	HM	JA	OF	SC	SF

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Prevention

AMH

99408AHETH9

Published Proc Cd	99408AHETH9
Proc Cd	99408AHETH9
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program,
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408AH
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	B

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

99408AHH9

Published Proc Cd	99408AHH9
Proc Cd	99408AHH9
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408AH
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	B

SVC_LOCATION_CD

Allowed Values	*

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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Prevention

AMH

99408ETH9TE

Published Proc Cd	99408ETH9TE
Proc Cd	99408ETH9TE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by LVN, Outpatient Competency Restoration Program,
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, LVN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

99408ETH9U7

Published Proc Cd	99408ETH9U7
Proc Cd	99408ETH9U7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Prevention

AMH

99408ETTE

Published Proc Cd	99408ETTE
Proc Cd	99408ETTE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by LVN
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, LVN
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

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

99408ETU7

Published Proc Cd	99408ETU7
Proc Cd	99408ETU7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive Crisis, 15 min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408U7
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	D

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'.

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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'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

99408H9TE

Published Proc Cd	99408H9TE
Proc Cd	99408H9TE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by LVN, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, LVN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

99408H9U7

Published Proc Cd	99408H9U7
Proc Cd	99408H9U7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by Physician Assistant, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

99408TE

Published Proc Cd	99408TE
Proc Cd	99408TE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by LVN
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, LVN
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

99408U7

Published Proc Cd	99408U7
Proc Cd	99408U7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive outpatient, approximately 15 minutes by Physician Assistant
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15 min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	99408U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995

Published Proc Cd	H004995
Proc Cd	H004995
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LPC or LCSW, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, LPC, LCSW, Via Telemedicine
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	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	*

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

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Prevention

AMH

H004995AH

Published Proc Cd	H004995AH
Proc Cd	H004995AH
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Licensed Psychologist, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049AH
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	*

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	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995AHET

Published Proc Cd	H004995AHET
Proc Cd	H004995AHET
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, PhD, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049AH
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	*

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	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'.

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Prevention

AMH

H004995AHETH9

Published Proc Cd	H004995AHETH9
Proc Cd	H004995AHETH9
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049AH
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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995AHH9

Published Proc Cd	H004995AHH9
Proc Cd	H004995AHH9
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Licensed Psychologist, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, PhD, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049AH
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	*

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	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995ET

Published Proc Cd	H004995ET
Proc Cd	H004995ET
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LPC or LCSW, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, LPC, LCSW, video
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	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	*

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'.

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Prevention

AMH

H004995ETH9

Published Proc Cd	H004995ETH9
Proc Cd	H004995ETH9
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, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, LPC, LCSW, OCR, video
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	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	*

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'.

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Prevention

AMH

H004995ETH9HN

Published Proc Cd	H004995ETH9HN
Proc Cd	H004995ETH9HN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, QMHP, OCR, video
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

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'.

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Prevention

AMH

H004995ETH9TD

Published Proc Cd	H004995ETH9TD
Proc Cd	H004995ETH9TD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by RN, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, RN, OCR, video
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	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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995ETH9TE

Published Proc Cd	H004995ETH9TE
Proc Cd	H004995ETH9TE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LVN, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, LVN, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995ETH9U7

Published Proc Cd	H004995ETH9U7
Proc Cd	H004995ETH9U7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant, Outpatient Competency Restoration Program, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.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

H004995ETHN

Published Proc Cd	H004995ETHN
Proc Cd	H004995ETHN
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, video
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

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'.

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Prevention

AMH

H004995ETTD

Published Proc Cd	H004995ETTD
Proc Cd	H004995ETTD
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, video
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	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	*

PROVIDER_TYPE_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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995ETTE

Published Proc Cd	H004995ETTE
Proc Cd	H004995ETTE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LVN
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, LVN, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995ETU7

Published Proc Cd	H004995ETU7
Proc Cd	H004995ETU7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, PA, videor
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Prevention

AMH

H004995H9

Published Proc Cd	H004995H9
Proc Cd	H004995H9
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LPC or LCSW, Outpatient Competency Restoration Program , via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, LPC, LCSW, OCR, video
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	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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995H9HN

Published Proc Cd	H004995H9HN
Proc Cd	H004995H9HN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by QMHP, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, QMHP, OCR, video
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

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995H9TD

Published Proc Cd	H004995H9TD
Proc Cd	H004995H9TD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by RN, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, RN, OCR, video
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	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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	H

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

H004995H9TE

Published Proc Cd	H004995H9TE
Proc Cd	H004995H9TE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LVN, Outpatient Competency Restoration Program , Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, LVN, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

H004995H9U7

Published Proc Cd	H004995H9U7
Proc Cd	H004995H9U7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Physician Assistant, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, PA, OCR, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Prevention

AMH

H004995HN

Published Proc Cd	H004995HN
Proc Cd	H004995HN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by QMHP, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, QMHP, video
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

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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995TD

Published Proc Cd	H004995TD
Proc Cd	H004995TD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by RN, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, RN, video
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	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	*

PROVIDER_TYPE_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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Prevention

AMH

H004995TE

Published Proc Cd	H004995TE
Proc Cd	H004995TE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LVN, Via Telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, LVN, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H004995U7

Published Proc Cd	H004995U7
Proc Cd	H004995U7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Physician Assistant, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, PA, video
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H0049AH

Published Proc Cd	H0049AH
Proc Cd	H0049AH
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H0049AHET

Published Proc Cd	H0049AHET
Proc Cd	H0049AHET
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, PhD
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049AH
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

LOC_A_CD

Allowed Values	*

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	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H0049AHETH9

Published Proc Cd	H0049AHETH9
Proc Cd	H0049AHETH9
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist, Outpatient Competency Restoration Program,
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049AH
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	B

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H0049AHH9

Published Proc Cd	H0049AHH9
Proc Cd	H0049AHH9
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Licensed Psychologist, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, PhD, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049AH
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	B

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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'.

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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'.

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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'.

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Prevention

AMH

H0049ETH9TE

Published Proc Cd	H0049ETH9TE
Proc Cd	H0049ETH9TE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LVN, Outpatient Competency Restoration Program,
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, LVN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us
NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Prevention

AMH

H0049ETH9U7

Published Proc Cd	H0049ETH9U7
Proc Cd	H0049ETH9U7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening-Result Negative, crisis, 15 min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H0049ETTE

Published Proc Cd	H0049ETTE
Proc Cd	H0049ETTE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LVN
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, LVN
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Prevention

AMH

H0049ETU7

Published Proc Cd	H0049ETU7
Proc Cd	H0049ETU7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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	*

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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	*

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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	*

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Prevention

AMH

H0049H9TE

Published Proc Cd	H0049H9TE
Proc Cd	H0049H9TE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LVN, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, LVN, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H0049H9U7

Published Proc Cd	H0049H9U7
Proc Cd	H0049H9U7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Physician Assistant, Outpatient Competency Restoration Program
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, PA, OCR
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H0049TE

Published Proc Cd	H0049TE
Proc Cd	H0049TE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LVN
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, LVN
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

AMH

H0049U7

Published Proc Cd	H0049U7
Proc Cd	H0049U7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Physician Assistant
Proc Short Desc	Prev SBIRT Screening-Result Negative, 15 min, PA
Unit Type	Hour/Event
Procedure Grid Cd	1302
Medicaid Billing Code	H0049U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

9940895AHETHA

Published Proc Cd	9940895AHET
Proc Cd	9940895AHETHA
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408AH
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	*

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	CS	GH	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

9940895AHHA

Published Proc Cd	9940895AH
Proc Cd	9940895AHHA
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by Licensed Psychologist, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408AH
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	*

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	CS	GH	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

9940895ETHA

Published Proc Cd	9940895ET
Proc Cd	9940895ETHA
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by LPC, or LCSW, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, LPC, LCSW, CMH, video
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	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	*

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	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

9940895ETHAHN

Published Proc Cd	9940895ETHN
Proc Cd	9940895ETHAHN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, QMHP, CMH, video
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

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	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

9940895ETHATD

Published Proc Cd	9940895ETTD
Proc Cd	9940895ETHATD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by Registered Nurse, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, RN, CMH, video
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	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	*

PROVIDER_TYPE_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	JA	OF	SC	SF

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Prevention

CMH

9940895ETHATE

Published Proc Cd	9940895ETTE
Proc Cd	9940895ETHATE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by LVN, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, LVN, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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Prevention

CMH

9940895ETHAU7

Published Proc Cd	9940895ETU7
Proc Cd	9940895ETHAU7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	GH	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

9940895HA

Published Proc Cd	9940895
Proc Cd	9940895HA
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by LPC, or LCSW, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, LPC, LCSW, CMH, video
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	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	*

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'.

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Prevention

CMH

9940895HAHN

Published Proc Cd	9940895HN
Proc Cd	9940895HAHN
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by QMHP, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, QMHP, CMH, video
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

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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

9940895HATD

Published Proc Cd	9940895TD
Proc Cd	9940895HATD
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by Registered Nurse, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, RN, CMH, video
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	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	*

PROVIDER_TYPE_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	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

9940895HATE

Published Proc Cd	9940895TE
Proc Cd	9940895HATE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by LVN, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, LVN, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

9940895HAU7

Published Proc Cd	9940895U7
Proc Cd	9940895HAU7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by Physician Assistant, via telemedicine
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

99408AHETHA

Published Proc Cd	99408AHET
Proc Cd	99408AHETHA
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

99408AHHA

Published Proc Cd	99408AH
Proc Cd	99408AHHA
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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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

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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

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Prevention

CMH

99408ETHATE

Published Proc Cd	99408ETTE
Proc Cd	99408ETHATE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by LVN
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, LVN, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Prevention

CMH

99408ETHAU7

Published Proc Cd	99408ETU7
Proc Cd	99408ETHAU7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive crisis, 15 min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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Prevention

CMH

99408HATE

Published Proc Cd	99408TE
Proc Cd	99408HATE
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by LVN
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, LVN, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

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'.

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Prevention

CMH

99408HAU7

Published Proc Cd	99408U7
Proc Cd	99408HAU7
Proc Desc	Prevention SBIRT Screening/Intervention-Result Positive, outpatient, approximately 15 minutes by Physician Assistant
Proc Short Desc	Prev SBIRT Screening/Interv-Result Positive 15min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	99408U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H004995AHETHA

Published Proc Cd	H004995AHET
Proc Cd	H004995AHETHA
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049AH
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	*

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	CS	GH	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H004995AHHA

Published Proc Cd	H004995AH
Proc Cd	H004995AHHA
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Licensed Psychologist, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, PhD, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049AH
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	*

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	CS	GH	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H004995ETHA

Published Proc Cd	H004995ET
Proc Cd	H004995ETHA
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LPC, or LCSW, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, LPC, LCSW, CMH, video
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	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	*

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	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H004995ETHAHN

Published Proc Cd	H004995ETHN
Proc Cd	H004995ETHAHN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by QMHP, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, QMHP, CMH, video
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

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	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'.

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Prevention

CMH

H004995ETHATD

Published Proc Cd	H004995ETTD
Proc Cd	H004995ETHATD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Registered Nurse, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, RN, CMH, video
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	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	*

PROVIDER_TYPE_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	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H004995ETHATE

Published Proc Cd	H004995ETTE
Proc Cd	H004995ETHATE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LVN, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, LVN, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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Prevention

CMH

H004995ETHAU7

Published Proc Cd	H004995ETU7
Proc Cd	H004995ETHAU7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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Prevention

CMH

H004995HA

Published Proc Cd	H004995
Proc Cd	H004995HA
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LPC, or LCSW, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, LPC, LCSW, CMH, video
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	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	*

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	JA	OF	SC	SF

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Prevention

CMH

H004995HAHN

Published Proc Cd	H004995HN
Proc Cd	H004995HAHN
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by QMHP, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, QMHP, CMH, video
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

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	JA	OF	SC	SF

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Prevention

CMH

H004995HATD

Published Proc Cd	H004995TD
Proc Cd	H004995HATD
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Registered Nurse, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, RN, CMH, video
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	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	*

PROVIDER_TYPE_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	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H004995HATE

Published Proc Cd	H004995TE
Proc Cd	H004995HATE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LVN, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, LVN, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
Eff Dt	3/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	I

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H004995HAU7

Published Proc Cd	H004995U7
Proc Cd	H004995HAU7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Physician Assistant, via telemedicine
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, PA, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049U7
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	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	GH	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H0049AHETHA

Published Proc Cd	H0049AHET
Proc Cd	H0049AHETHA
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Prevention

CMH

H0049AHHA

Published Proc Cd	H0049AH
Proc Cd	H0049AHHA
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Licensed Psychologist
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, PhD, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Prevention

CMH

H0049ETHATE

Published Proc Cd	H0049ETTE
Proc Cd	H0049ETHATE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by LVN
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, LVN, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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Prevention

CMH

H0049ETHAU7

Published Proc Cd	H0049ETU7
Proc Cd	H0049ETHAU7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes, in response to a MH crisis, by Physician Assistant
Proc Short Desc	Prev SBIRT Screening-Result Negative crisis, 15 min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H0049HATE

Published Proc Cd	H0049TE
Proc Cd	H0049HATE
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by LVN
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, LVN, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049TE
Medicaid Funding Source	Card
Care Report III Mapping	B.2.1.1 - Medicaid Type Services, or B.2.3 - Outpatient
Proc Last Modification Date	3/1/17
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	I

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Prevention

CMH

H0049HAU7

Published Proc Cd	H0049U7
Proc Cd	H0049HAU7
Proc Desc	Prevention SBIRT Screening-Result Negative, outpatient, approximately 15 minutes by Physician Assistant
Proc Short Desc	Prev SBIRT Screening-Result Negative 15min, PA, CMH
Unit Type	Hour/Event
Procedure Grid Cd	2302
Medicaid Billing Code	H0049U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	GH	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195

Published Proc Cd	9079195
Proc Cd	9079195
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN via telemedicine, no medical
Proc Short Desc	Dx Exam, MD, APN video, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	9079195
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	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	HM	JA	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'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195AH

Published Proc Cd	9079195AH
Proc Cd	9079195AH
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychologist, no medical, via telemedicine
Proc Short Desc	Dx Exam, PhD, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791AH
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

LOC_A_CD

Allowed Values	*

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	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195AHET

Published Proc Cd	9079195AHET
Proc Cd	9079195AHET
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychologist, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PhD, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791AH
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

LOC_A_CD

Allowed Values	*

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	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195AHETH9

Published Proc Cd	9079195AHETH9
Proc Cd	9079195AHETH9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychologist, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PhD, OCR, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791AH
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

LOC_A_CD

Allowed Values	*

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	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Psychiatric Diagnostic Interview Examination

AMH

9079195AHH9

Published Proc Cd	9079195AHH9
Proc Cd	9079195AHH9
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychologist, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, PhD, OCR, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791AH
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

LOC_A_CD

Allowed Values	*

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	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195ET

Published Proc Cd	9079195ET
Proc Cd	9079195ET
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN via telemedicine, no medical
Proc Short Desc	Dx Exam, crisis, MD, APN video, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	9079195
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

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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETH9

Published Proc Cd	9079195ETH9
Proc Cd	9079195ETH9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN via telemedicine, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, crisis, MD, APN video, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	9079195
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

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETH9HE

Published Proc Cd	9079195ETH9HE
Proc Cd	9079195ETH9HE
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - LCSW, LPC, LMFT, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, LCSW, LPC, LMFT, OCR, no medical, video
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	1/1/17
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	*

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	*

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETH9U7

Published Proc Cd	9079195ETH9U7
Proc Cd	9079195ETH9U7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PA, OCR, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U7
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETH9U9

Published Proc Cd	9079195ETH9U9
Proc Cd	9079195ETH9U9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PLP, OCR, no medical, video
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	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	*

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETH9UB

Published Proc Cd	9079195ETH9UB
Proc Cd	9079195ETH9UB
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Psychology Interns and Fellows, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, Psychology Interns and Fellows, OCR, no medical, video
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	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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETH9UC

Published Proc Cd	9079195ETH9UC
Proc Cd	9079195ETH9UC
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychological Associate, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, LPA, OCR, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UC
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETHE

Published Proc Cd	9079195ETHE
Proc Cd	9079195ETHE
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - LCSW, LPC, LMFT, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, LCSW, LPC, LMFT, no medical, video
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	1/1/17
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	E	F

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETU7

Published Proc Cd	9079195ETU7
Proc Cd	9079195ETU7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PA, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U7
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETU9

Published Proc Cd	9079195ETU9
Proc Cd	9079195ETU9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Provisionally Licensed Psychologist, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PLP, no medical, video
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	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	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETUB

Published Proc Cd	9079195ETUB
Proc Cd	9079195ETUB
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Psychology Interns and Fellows, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, Psychology Interns and Fellows, no medical, video
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	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	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195ETUC

Published Proc Cd	9079195ETUC
Proc Cd	9079195ETUC
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychological Associate, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, LPA, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UC
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

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'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195H9

Published Proc Cd	9079195H9
Proc Cd	9079195H9
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN via telemedicine, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, MD, APN video, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	9079195
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

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195H9HE

Published Proc Cd	9079195H9HE
Proc Cd	9079195H9HE
Proc Desc	Psychiatric Diagnostic Interview Examination - LCSW, LPC, LMFT, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, LCSW, LPC, LMFT, OCR, no medical, video
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	1/1/17
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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195H9U7

Published Proc Cd	9079195H9U7
Proc Cd	9079195H9U7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, PA, OCR, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U7
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195H9U9

Published Proc Cd	9079195H9U9
Proc Cd	9079195H9U9
Proc Desc	Psychiatric Diagnostic Interview Examination - Provisionally Licensed Psychologist, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, PLP, OCR, no medical, video
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	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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195H9UB

Published Proc Cd	9079195H9UB
Proc Cd	9079195H9UB
Proc Desc	Psychiatric Diagnostic Interview Examination - Psychology Interns and Fellows, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, Psychology Interns and Fellows, OCR, no medical, video
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	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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195H9UC

Published Proc Cd	9079195H9UC
Proc Cd	9079195H9UC
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychological Associate, Outpatient Competency Restoration Program, no medical, via telemedicine
Proc Short Desc	Dx Exam, LPA, OCR, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UC
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195HE

Published Proc Cd	9079195HE
Proc Cd	9079195HE
Proc Desc	Psychiatric Diagnostic Interview Examination - LCSW, LPC, LMFT, no medical, via telemedicine
Proc Short Desc	Dx Exam, LCSW, LPC, LMFT, no medical, video
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	1/1/17
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	2	3	4	6	U

SERVER_TYPE_CD

Allowed Values	E	F	G	L

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195U7

Published Proc Cd	9079195U7
Proc Cd	9079195U7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, no medical, via telemedicine
Proc Short Desc	Dx Exam, PA, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U7
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195U9

Published Proc Cd	9079195U9
Proc Cd	9079195U9
Proc Desc	Psychiatric Diagnostic Interview Examination - Provisionally Licensed Psychologist, no medical, via telemedicine
Proc Short Desc	Dx Exam, PLP, no medical, video
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	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	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079195UB

Published Proc Cd	9079195UB
Proc Cd	9079195UB
Proc Desc	Psychiatric Diagnostic Interview Examination - Psychology Interns and Fellows, no medical, via telemedicine
Proc Short Desc	Dx Exam, Psychology Interns and Fellows, no medical, video
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	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	HM	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

AMH

9079195UC

Published Proc Cd	9079195UC
Proc Cd	9079195UC
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychological Associate, no medical, via telemedicine
Proc Short Desc	Dx Exam, LPA, no medical, no video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UC
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

90791AH

Published Proc Cd	90791AH
Proc Cd	90791AH
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychologist, no medical
Proc Short Desc	Dx Exam, PhD, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

AMH

90791AHET

Published Proc Cd	90791AHET
Proc Cd	90791AHET
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychologist, no medical
Proc Short Desc	Dx Exam, crisis, PhD, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

AMH

90791AHETH9

Published Proc Cd	90791AHETH9
Proc Cd	90791AHETH9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychologist, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, crisis, PhD, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

AMH

90791AHH9

Published Proc Cd	90791AHH9
Proc Cd	90791AHH9
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychologist, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, PhD, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791AH
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	B

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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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

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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	*

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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	*

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Psychiatric Diagnostic Interview Examination

AMH

90791ETH9U7

Published Proc Cd	90791ETH9U7
Proc Cd	90791ETH9U7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, crisis, PA, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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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	*

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Psychiatric Diagnostic Interview Examination

AMH

90791ETH9UC

Published Proc Cd	90791ETH9UC
Proc Cd	90791ETH9UC
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychological Associate, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, crisis, LPA, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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Psychiatric Diagnostic Interview Examination

AMH

90791ETU7

Published Proc Cd	90791ETU7
Proc Cd	90791ETU7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, no medical
Proc Short Desc	Dx Exam, crisis, PA, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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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

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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

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Psychiatric Diagnostic Interview Examination

AMH

90791ETUC

Published Proc Cd	90791ETUC
Proc Cd	90791ETUC
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychological Associate, no medical
Proc Short Desc	Dx Exam, crisis, LPA, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UC
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	3/1/13
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	N

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

90791H9U7

Published Proc Cd	90791H9U7
Proc Cd	90791H9U7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, PA, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

90791H9UC

Published Proc Cd	90791H9UC
Proc Cd	90791H9UC
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychological Associate, Outpatient Competency Restoration Program, no medical
Proc Short Desc	Dx Exam, LPA, OCR, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UC
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	N

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

90791U7

Published Proc Cd	90791U7
Proc Cd	90791U7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, no medical
Proc Short Desc	Dx Exam, PA, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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Psychiatric Diagnostic Interview Examination

AMH

90791UC

Published Proc Cd	90791UC
Proc Cd	90791UC
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychological Associate, no medical
Proc Short Desc	Dx Exam, LPA, no medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90791UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079295

Published Proc Cd	9079295
Proc Cd	9079295
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN via telemedicine, with medical
Proc Short Desc	Dx Exam, MD, APN video, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	9079295
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	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	U

SERVER_TYPE_CD

Allowed Values	A	C	D	S	T

SVC_LOCATION_CD

Allowed Values	CH	CI	CS	GH	HM	JA	NF	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

AMH

9079295ET

Published Proc Cd	9079295ET
Proc Cd	9079295ET
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN via telemedicine, with medical
Proc Short Desc	Dx Exam, crisis, MD, APN video, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	9079295
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	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	CH	CS	HM	JA	OF	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079295ETH9

Published Proc Cd	9079295ETH9
Proc Cd	9079295ETH9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN via telemedicine, Outpatient Competency Restoration Program, with medical
Proc Short Desc	Dx Exam, crisis, MD, APN video, OCR, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	9079295
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

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079295ETH9U7

Published Proc Cd	9079295ETH9U7
Proc Cd	9079295ETH9U7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, Outpatient Competency Restoration Program, with medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PA, OCR, with medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792U7
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079295ETU7

Published Proc Cd	9079295ETU7
Proc Cd	9079295ETU7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, with medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PA, with medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792U7
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CH	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079295H9

Published Proc Cd	9079295H9
Proc Cd	9079295H9
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN via telemedicine, Outpatient Competency Restoration Program, with medical
Proc Short Desc	Dx Exam, MD, APN video, OCR, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	9079295
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

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079295H9U7

Published Proc Cd	9079295H9U7
Proc Cd	9079295H9U7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, Outpatient Competency Restoration Program, with medical, via telemedicine
Proc Short Desc	Dx Exam, PA, OCR, with medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792U7
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	*

Please direct questions about the content of this report to MHservices@dshs.state.tx.us

NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

9079295U7

Published Proc Cd	9079295U7
Proc Cd	9079295U7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, with medical, via telemedicine
Proc Short Desc	Dx Exam, PA, with medical, video
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792U7
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

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

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'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

90792ETH9U7

Published Proc Cd	90792ETH9U7
Proc Cd	90792ETH9U7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, Outpatient Competency Restoration Program, with medical
Proc Short Desc	Dx Exam, crisis, PA, OCR, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

90792ETU7

Published Proc Cd	90792ETU7
Proc Cd	90792ETU7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, with medical
Proc Short Desc	Dx Exam, crisis, PA, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792U7
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	D

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'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

90792H9U7

Published Proc Cd	90792H9U7
Proc Cd	90792H9U7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, Outpatient Competency Restoration Program, with medical
Proc Short Desc	Dx Exam, PA, OCR, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792U7
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	D

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

AMH

90792U7

Published Proc Cd	90792U7
Proc Cd	90792U7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, with medical
Proc Short Desc	Dx Exam, PA, with medical
Unit Type	Hour/Event
Procedure Grid Cd	121
Medicaid Billing Code	90792U7
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	D

SVC_LOCATION_CD

Allowed Values	CH	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

9079195AHETHA

Published Proc Cd	9079195AHET
Proc Cd	9079195AHETHA
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychologist, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PhD, CMH, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791AH
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	E

LOC_A_CD

Allowed Values	*

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	CS	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

9079195AHHA

Published Proc Cd	9079195AH
Proc Cd	9079195AHHA
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychologist, no medical, via telemedicine
Proc Short Desc	Dx Exam, PhD, CMH, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791AH
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	E

LOC_A_CD

Allowed Values	*

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	CS	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

9079195ETHA

Published Proc Cd	9079195ET
Proc Cd	9079195ETHA
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN via telemedicine, no medical
Proc Short Desc	Dx Exam, crisis, MD, APN video, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	N/A
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	E

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	CS	OF	SC

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

9079195ETHAHE

Published Proc Cd	9079195ETHAHE
Proc Cd	9079195ETHAHE
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - LCSW, LPC, LMFT, no medical, CMH, via telemedicine
Proc Short Desc	Dx Exam, crisis, LCSW, LPC, LMFT, no medical, CMH, video
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

9079195ETHAU7

Published Proc Cd	9079195ETU7
Proc Cd	9079195ETHAU7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PA, CMH, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791U7
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	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

9079195ETHAU9

Published Proc Cd	9079195ETU9
Proc Cd	9079195ETHAU9
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Provisionally Licensed Psychologist, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PLP, CMH, no medical, video
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

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Psychiatric Diagnostic Interview Examination

CMH

9079195ETHAUB

Published Proc Cd	9079195ETUB
Proc Cd	9079195ETHAUB
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Psychology Interns and Fellows, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, Psychology Interns and Fellows, CMH, no medical, video
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

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Psychiatric Diagnostic Interview Examination

CMH

9079195ETHAUC

Published Proc Cd	9079195ETUC
Proc Cd	9079195ETHAUC
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychological Associate, no medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, LPA, CMH, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791UC
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	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	CS	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

CMH

9079195HA

Published Proc Cd	9079195
Proc Cd	9079195HA
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN via telemedicine, no medical
Proc Short Desc	Dx Exam, MD, APN video, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	9079195
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	E	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	E	S	T

SVC_LOCATION_CD

Allowed Values	OF	SC

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

9079195HAHE

Published Proc Cd	9079195HAHE
Proc Cd	9079195HAHE
Proc Desc	Psychiatric Diagnostic Interview Examination - LCSW, LPC, LMFT, no medical, CMH, via telemedicine
Proc Short Desc	Dx Exam, LCSW, LPC, LMFT, no medical, CMH, video
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	1/1/17
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	5

SERVER_TYPE_CD

Allowed Values	E	F	L

SVC_LOCATION_CD

Allowed Values	CI	CS	GH	HM	JA	NF	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

CMH

9079195HAU7

Published Proc Cd	9079195U7
Proc Cd	9079195HAU7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, no medical, via telemedicine
Proc Short Desc	Dx Exam, PA, CMH, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791U7
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	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CS	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

9079195HAU9

Published Proc Cd	9079195U9
Proc Cd	9079195HAU9
Proc Desc	Psychiatric Diagnostic Interview Examination - Provisionally Licensed Psychologist, no medical, via telemedicine
Proc Short Desc	Dx Exam, PLP, CMH, no medical, video
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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

9079195HAUB

Published Proc Cd	9079195UB
Proc Cd	9079195HAUB
Proc Desc	Psychiatric Diagnostic Interview Examination - Psychology Interns and Fellows, no medical, via telemedicine
Proc Short Desc	Dx Exam, Psychology Interns and Fellows, CMH, no medical, video
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

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Psychiatric Diagnostic Interview Examination

CMH

9079195HAUC

Published Proc Cd	9079195UC
Proc Cd	9079195HAUC
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychological Associate, no medical, via telemedicine
Proc Short Desc	Dx Exam, LPA, CMH, no medical, video
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791UC
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	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	N

SVC_LOCATION_CD

Allowed Values	CS	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

90791AHETHA

Published Proc Cd	90791AHET
Proc Cd	90791AHETHA
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychologist, no medical
Proc Short Desc	Dx Exam, crisis, PhD, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791AH
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	B

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'.

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Psychiatric Diagnostic Interview Examination

CMH

90791AHHA

Published Proc Cd	90791AH
Proc Cd	90791AHHA
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychologist, no medical
Proc Short Desc	Dx Exam, PhD, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791AH
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	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	B

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

90791ETHAU7

Published Proc Cd	90791ETU7
Proc Cd	90791ETHAU7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, no medical
Proc Short Desc	Dx Exam, crisis, PA, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

90791ETHAUC

Published Proc Cd	90791ETUC
Proc Cd	90791ETHAUC
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - Licensed Psychological Associate, no medical
Proc Short Desc	Dx Exam, crisis, LPA, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

90791HAU7

Published Proc Cd	90791U7
Proc Cd	90791HAU7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, no medical
Proc Short Desc	Dx Exam, PA, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791U7
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	D

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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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

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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

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Psychiatric Diagnostic Interview Examination

CMH

90791HAUC

Published Proc Cd	90791UC
Proc Cd	90791HAUC
Proc Desc	Psychiatric Diagnostic Interview Examination - Licensed Psychological Associate, no medical
Proc Short Desc	Dx Exam, LPA, CMH, no medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90791UC
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	N

SVC_LOCATION_CD

Allowed Values	CS	HM	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

CMH

9079295ETHA

Published Proc Cd	9079295ETHA
Proc Cd	9079295ETHA
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - MD, APN, with medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, MD, APN, CMH, with medical, video
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	1/1/17
Eff Dt	1/1/17
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E	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	CH	HM	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

CMH

9079295ETHAU7

Published Proc Cd	9079295ETHAU7
Proc Cd	9079295ETHAU7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, with medical, via telemedicine
Proc Short Desc	Dx Exam, crisis, PA, CMH, with medical, video
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90792U7
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	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CH	CS	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

CMH

9079295HA

Published Proc Cd	9079295HA
Proc Cd	9079295HA
Proc Desc	Psychiatric Diagnostic Interview Examination - MD, APN via telemedicine, with medical, via telemedicine
Proc Short Desc	Dx Exam, MD, APN video, CMH, with medical, video
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	9079295
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	U

ENC_TYPE_CD

Allowed Values	E	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	CH	CS	GH	HM	JA	OF	SC	SF

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Psychiatric Diagnostic Interview Examination

CMH

9079295HAU7

Published Proc Cd	9079295HAU7
Proc Cd	9079295HAU7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, with medical, via telemedicine
Proc Short Desc	Dx Exam, PA, CMH, with medical, video
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90792U7
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	E

LOC_A_CD

Allowed Values	*

PROVIDER_TYPE_CD

Allowed Values	EP	IP

RECIPIENT_CD

Allowed Values	1	3	4

SERVER_TYPE_CD

Allowed Values	D

SVC_LOCATION_CD

Allowed Values	CH	CS	HM	JA	OF	SC	SF

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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

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Psychiatric Diagnostic Interview Examination

CMH

90792ETHAU7

Published Proc Cd	90792ETU7
Proc Cd	90792ETHAU7
Proc Desc	Psychiatric Diagnostic Interview Examination, in response to a MH crisis - PA, with medical
Proc Short Desc	Dx Exam, crisis, PA, CMH, with medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90792U7
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	D

SVC_LOCATION_CD

Allowed Values	CH	CS	HM	JA	OF	SC	SF

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychiatric Diagnostic Interview Examination

CMH

90792HAU7

Published Proc Cd	90792U7
Proc Cd	90792HAU7
Proc Desc	Psychiatric Diagnostic Interview Examination - PA, with medical
Proc Short Desc	Dx Exam, PA, CMH, with medical
Unit Type	Hour/Event
Procedure Grid Cd	221
Medicaid Billing Code	90792U7
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	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	D

SVC_LOCATION_CD

Allowed Values	CH	CS	HM	JA	OF	SC	SF

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychosocial Rehabilitative Services, Group

AMH

H2017H9HQBZTD

Published Proc Cd	H2017H9HQBZTD
Proc Cd	H2017H9HQBZTD
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	H2017HQBZTD
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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychosocial Rehabilitative Services, Group

AMH

H2017HQQZ

Published Proc Cd	H2017HQQZ
Proc Cd	H2017HQQZ
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	H2017HQQZ
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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Psychosocial Rehabilitative Services, Group

AMH

H2017HQBZTD

Published Proc Cd	H2017HQBZTD
Proc Cd	H2017HQBZTD
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	H2017HQBZTD
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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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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	*

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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	*

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Psychosocial Rehabilitative Services, Individual

AMH

H201795

Published Proc Cd	H201795
Proc Cd	H201795
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Individual, Video
Proc Short Desc	Indv PSR, video
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	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	*

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Psychosocial Rehabilitative Services, Individual

AMH

H201795HZ

Published Proc Cd	H201795HZ
Proc Cd	H201795HZ
Proc Desc	Psychosocial Rehabilitative Services, also referred to as Rehabilitative Case Management, Individual, TCOOMMI funded, video
Proc Short Desc	Indv PSR, TCOOMMI, video
Unit Type	Hour/Event
Procedure Grid Cd	152
Medicaid Billing Code	H2017HZ95
Medicaid Funding Source	Rehab
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 *

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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	*

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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 *

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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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	*

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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Routine Case Management

AMH

T101795HZTF

Published Proc Cd	T101795HZTF
Proc Cd	T101795HZTF
Proc Desc	Routine Case Management, TCOOMMI funded, video
Proc Short Desc	CM, TCOOMMI, video
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017HZTF95
Medicaid Funding Source	TCM
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

*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Routine Case Management

AMH

T101795TF

Published Proc Cd	T101795TF
Proc Cd	T101795TF
Proc Desc	Routine Case Management, video
Proc Short Desc	CM, video
Unit Type	Hour/Event
Procedure Grid Cd	142
Medicaid Billing Code	T1017TF95
Medicaid Funding Source	TCM
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'.
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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Routine Case Management

CMH

T101795ETHATF

Published Proc Cd	T101795ETHATF
Proc Cd	T101795ETHATF
Proc Desc	Routine Case Management, in response to a MH crisis, video
Proc Short Desc	CM crisis, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	242
Medicaid Billing Code	T1017HATFET95
Medicaid Funding Source	TCM
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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Routine Case Management

CMH

T101795HAHZTF

Published Proc Cd	T101795HAHZTF
Proc Cd	T101795HAHZTF
Proc Desc	Routine Case Management, TCOOMMI funded, video
Proc Short Desc	CM, CMH, TCOOMMI, video
Unit Type	Hour/Event
Procedure Grid Cd	242
Medicaid Billing Code	T1017HAHZTF95
Medicaid Funding Source	TCM
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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Routine Case Management

CMH

T101795HATF

Published Proc Cd	T101795HATF
Proc Cd	T101795HATF
Proc Desc	Routine Case Management, video
Proc Short Desc	CM, CMHc, video
Unit Type	Hour/Event
Procedure Grid Cd	242
Medicaid Billing Code	T1017HATF95
Medicaid Funding Source	TCM
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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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'.
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Screening

AMH

H000295H9

Published Proc Cd	H000295H9
Proc Cd	H000295H9
Proc Desc	Screening, Outpatient Competency Restoration Program, via telemedicine
Proc Short Desc	Screening, OCR, video
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	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	*

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	*

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Screening

AMH

H000295HE

Published Proc Cd	H000295HE
Proc Cd	H000295HE
Proc Desc	Screening, via telemedicine
Proc Short Desc	Screening, video
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	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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Screening

CMH

H000295HAHE

Published Proc Cd	H000295HAHE
Proc Cd	H000295HAHE
Proc Desc	Screening, via telemedicine, CMH
Proc Short Desc	Screening, video, 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	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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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	U

SERVER_TYPE_CD

Allowed Values	*

SVC_LOCATION_CD

Allowed Values	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Skills Training & Development, Group

AMH

H2014H9HQHZ

Published Proc Cd	H2014H9HQHZ
Proc Cd	H2014H9HQHZ
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	H2014HQHZ
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	*

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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	*

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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	*

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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	*

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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	*

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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

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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

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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

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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

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Skills Training & Development, Group

CMH

H201495HAHQ

Published Proc Cd	H201495HAHQ
Proc Cd	H201495HAHQ
Proc Desc	Skills Training and Development, child, adolescent and other Group, video
Proc Short Desc	Grp Skills Train, consmr, CMH, video
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	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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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Skills Training & Development, Individual

AMH

H201495

Published Proc Cd	H201495
Proc Cd	H201495
Proc Desc	Skills Training & Development, Individual, video
Proc Short Desc	Indv Skills Train, video
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H201495
Medicaid Funding Source	Rehab
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	*

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Skills Training & Development, Individual

AMH

H201495H9

Published Proc Cd	H201495H9
Proc Cd	H201495H9
Proc Desc	Skills Training & Development, Individual, video, Outpatient Competency Restoration Program
Proc Short Desc	Invd Skills Train, video, 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	9/1/22
Eff Dt	9/1/22
End Dt	

APPT_TYPE_CD

Allowed Values	1	2	3	4

ENC_TYPE_CD

Allowed Values	E

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Skills Training & Development, Individual

AMH

H201495HZ

Published Proc Cd	H201495HZ
Proc Cd	H201495HZ
Proc Desc	Skills Training & Development, Individual, TCOOMMI funded, video
Proc Short Desc	Indv Skills Train, TCOOMMI, video
Unit Type	Hour/Event
Procedure Grid Cd	1506
Medicaid Billing Code	H2014HZ95
Medicaid Funding Source	Rehab
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 *

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Skills Training & Development, Individual

AMH

H201495U2

Published Proc Cd	H201495U2
Proc Cd	H201495U2
Proc Desc	Skills Training & Development, Individual, as part of Supported Housing, Video
Proc Short Desc	Indv Skills Train, SH, Video
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	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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Skills Training & Development, Individual

AMH

H201495U3

Published Proc Cd	H201495U3
Proc Cd	H201495U3
Proc Desc	Skills Training & Development, Individual, as part of Supported Employment, Video
Proc Short Desc	Indv Skills Train, SE, Video
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	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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Skills Training & Development, Individual

CMH

H201495HA

Published Proc Cd	H201495HA
Proc Cd	H201495HA
Proc Desc	Skills Training and Development, child, adolescent, and other Individual, video
Proc Short Desc	Indv Skills Train, consmr, CMH, video
Unit Type	Hour/Event
Procedure Grid Cd	2506
Medicaid Billing Code	H2014HA95
Medicaid Funding Source	Rehab
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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Skills Training & Development, Individual

CMH

H201495HAHZ

Published Proc Cd	H201495HAHZ
Proc Cd	H201495HAHZ
Proc Desc	Skills Training and Development, Individual, TCOOMMI funded, video
Proc Short Desc	Indv Skills Train, CMH, TCOOMMI, video
Unit Type	Hour/Event
Procedure Grid Cd	2506
Medicaid Billing Code	H2014HAHZ95
Medicaid Funding Source	Rehab
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	*

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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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Skills Training & Development, Individual

CMH

H201495HAU2

Published Proc Cd	H201495HAU2
Proc Cd	H201495HAU2
Proc Desc	Skills Training and Development, Individual as part of Supported Housing, Video
Proc Short Desc	Indv Skills Train, consmr, SH, CMH, Video
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	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](#)

Skills Training & Development, Individual

CMH

H201495HAU3

Published Proc Cd	H201495HAU3
Proc Cd	H201495HAU3
Proc Desc	Skills Training and Development, Individual as part of Supported Employment, Video
Proc Short Desc	Indv Skills Train, consmr, SE, CMH, Video
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	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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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	*

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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

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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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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	*

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.

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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	*

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NOTE: The procedure code to be reported by MH providers is the 'Published Proc Cd'.
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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	*