

VBH-PA Covered Services Grid - Provider Version (as of 03/01/04 - HIPAA)										Rev. 08/23/11					
** Codes interchangeable within the service class			Billed by Provider												
	New Service Class	Description	Provider Service Code	Prov Mod 1	Prov Mod 2	Prov Mod 3	PROMISE Provider Type	PROMISE Specialty Code	New Unit	Auth Req?	POS	Dx Class	TPL Exempt	Timely Filing (Date of Service or Date of Discharge)	
Inpatient Psychiatric Services															
	IPC	Extended Care	0904				01	010, 011/022	per diem	Y	21, 51	Psy	N	DOD	
	IPE	Enhanced	0204				01	010, 011/022	per diem	Y	21, 51	Psy	N	DOD	
	IPA	Acute	0124				01	010, 011/022	per diem	Y	21, 51	Psy	N	DOD	
	IPP	Specialized	0114				01	010, 011/022	per diem	Y	21, 51	Psy	N	DOD	
	IPO	Observation	0762				01	010, 011/022, 019/441	per diem	Y	21, 51	Psy	N	DOD	
	FBY	Emergency Department Follow Up	0761				01	010, 011/022, 019/441	per event	Y	21, 51	Psy, Sub	N	DOS	
Inpatient Dual Diagnosis															
	IPD	Other	0929				01	010, 011/022	per diem	Y	21, 51	Psy, Sub	N	DOD	
Inpatient Drug & Alcohol Services															
	IDD	Acute Detox	0126				01	010, 019/441	per diem	Y	21, 51	Sub	N	DOD	
	IDR	Acute Rehab	0128				01	010, 019/441	per diem	Y	21, 51	Sub	N	DOD	
Non-Hospital Drug & Alcohol															
	NHD	Detox	H0013				11	132	per diem	Y	55	Sub	Y	DOD	
	NHS	Short term Rehab	H0018	HF			11	133	per diem	Y	55	Sub	Y	DOD	
		Enhanced Residential	H0018	U4			11	133	per diem	Y	55	Sub	Y	DOD	
	NHL	Long term Rehab	T2048	HF			11	134	per diem	Y	55	Sub	Y	DOD	
	NHH	HalfWay House	H2034				11	131	per diem	Y	55	Sub	Y	DOD	
	ST3	Short Term Rehab 3.5 (R&B)	H0018	SC			11	133	per diem	Y	55	Sub	Y	DOD	
	AR3	Long Term Rehab 3.1 (R&B)	T2048	SC			11	134	per diem	Y	55	Sub	Y	DOD	
Non-Hospital Dual															
	NHA	Adult Res/Dual	H0018	HE			11	110	per diem	Y	55	Psy, Sub	Y	DOD	
Residential Treatment Facility															
	RF1	JCAHO	0154				01	013, 027 (Ltd.)	per diem	Y	55, 56	Psy, Sub	N	DOD	
		RTF JCAHO	0154	U5			01	013, 027 (Ltd.)	per diem	Y	55, 56	Psy, Sub	N	DOD	
	RF2	JCAHO/Reserve Bed Day	0134				01	013, 027 (Ltd.)	per diem	Y	55, 56	Psy, Sub	N	DOD	
		RTF JCAHO/Reserve Bed Day	0134	U5			01	013, 027 (Ltd.)	per diem	Y	55, 56	Psy, Sub	N	DOD	
	RF3	Non-JCAHO/Comp (R&B)	T2048	EP			56	560	per diem	Y	55, 56	Psy, Sub	N	DOD	
		Non-JCAHO/Comp (R&B)	T2048	U7			56	560	per diem	Y	55, 56	Psy, Sub	N	DOD	
	RF4	Non-JCAHO TxOnly	H0019	SC			56	560	per diem	Y	55, 56	Psy, Sub	N	DOD	
	RF5	Non-JCAHO/Reserve Bed Day Comp (R&B)	T2048	U4			56	560	per diem	Y	55, 56	Psy, Sub	N	DOD	
		Non-JCAHO/Reserve Bed Day Comp (R&B)	T2048	U3			56	560	per diem	Y	55, 56	Psy, Sub	N	DOD	

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RF6	Non-JCAHO/Reserve Bed Day Tx Only	H0019	U4			56	560	per diem	Y	55, 56	Psy, Sub	N	DOD			
RFT	Residential Treatment Facility - Adult (RTFA)	H0019	HE			11	110	per diem	Y	55	Psy	Y	DOD			
LTR	Long Term Structured Residential - Treatment	H0037				11	110	per diem	Y	55, 56	Psy, Sub	Y	DOD			
LTB	Long Term Structured Residential - Room & Board	T2048	HE			11	110	per diem	Y	55, 56	Psy, Sub	Y	DOD			
Consultations																
	New Patient/Focused Examination	99201				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	New Patient/Expanded Examination	99202				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Office or Other Outpatient Visit for the	99203				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	New Patient/Comprehensive Examination	99204				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Established Patient/Evaluation	99211				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Established Patient/Focused Examination	99212				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Established Patient/Expanded Examination	99213				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Office or Other Outpatient Visit for the Eval	99214				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Observation Care Discharge Day Mgt	99217				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Initial Observation Care, Detailed	99218				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Initial Observation Care, Comprehensive	99219				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Initial Observation Care, Comprehensive	99220				31	339/318 (exp.)	per event	N	21, 51	Psy, Sub	N	DOD			
	Initial Hosp Eval/Low	99221	U1			31	339/318 (exp.)	30 min	N	21, 51	Psy, Sub	N	DOD			
	Initial Hosp Eval/Mod	99222	U1			31	339/318 (exp.)	50 min	N	21, 51	Psy, Sub	N	DOD			
	Initial Hosp Eval/High	99223	U1			31	339/318 (exp.)	70 min	N	21, 51	Psy, Sub	N	DOD			
	Inpt Consult	99251				31	339/318 (exp.)	20 min	N	21, 51	Psy, Sub	N	DOS			
	Inpt Consult	99252				31	339/318 (exp.)	40 min	N	21, 51	Psy, Sub	N	DOS			
	Inpt Consult	99253				31	339/318 (exp.)	55 min	N	21, 51	Psy, Sub	N	DOS			
	Inpt Consult	99254				31	339/318 (exp.)	80 min	N	21, 51	Psy, Sub	N	DOS			
	Inpt Consult	99255				31	339/318 (exp.)	110 min	N	21, 51	Psy, Sub	N	DOS			
	Inpt Fu (10 min)	99261				31	339/318 (exp.)	vst	N	21, 51	Psy, Sub	N	DOS			
	Inpt Fu (20 min)	99262				31	339/318 (exp.)	vst	N	21, 51	Psy, Sub	N	DOS			
	Inpt Fu (30 min)	99263				31	339/318 (exp.)	vst	N	21, 51	Psy, Sub	N	DOS			
	Inpt Fu (15 min)	99231	U1			31	339/318 (exp.)	15 min	N	21, 51	Psy, Sub	N	DOS			
	Inpt Fu (25 min)	99232	U1			31	339/318 (exp.)	25 min	N	21, 51	Psy, Sub	N	DOS			
	Inpt Fu (35 min)	99233	U1			31	339/318 (exp.)	35 min	N	21, 51	Psy, Sub	N	DOS			
	Confirmatory/Focused	99271				31	339/318 (exp.)	occur	Y	21, 51, 99	Psy, Sub	N	DOS			
	Confirmatory/Expanded	99272				31	339/318 (exp.)	occur	Y	21, 51, 99	Psy, Sub	N	DOS			
	Confirmatory/Detailed	99273				31	339/318 (exp.)	occur	Y	21, 51, 99	Psy, Sub	N	DOS			

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Inpatient Physicians Services														
	BED**	Initial Hosp Eval/Low	99221				31	339/318 (exp.)	30 min	Y	21, 51	Psy, Sub	N	DOD
		Initial Hosp Eval/Mod	99222				31	339/318 (exp.)	50 min	Y	21, 51	Psy, Sub	N	DOD
		Initial Hosp Eval/High	99223				31	339/318 (exp.)	70 min	Y	21, 51	Psy, Sub	N	DOD
		Sub Hosp (15 min)	99231				31	339/318 (exp.)	15 min	Y	21, 51	Psy, Sub	N	DOD
		Sub Hosp (25 min)	99232				31	339/318 (exp.)	25 min	Y	21, 51	Psy, Sub	N	DOD
		Sub Hosp (35 min)	99233				31	339/318 (exp.)	35 min	Y	21, 51	Psy, Sub	N	DOD
		Discharge	99238				31	339/318 (exp.)	vst	Y	21, 51	Psy, Sub	N	DOD
		Discharge > 30 minutes	99239				31	339/318 (exp.)	vst	Y	21, 51	Psy, Sub	N	
Outpatient Professional Services														
	TXC	Tx Services/Chd & Adol	H0046	SC			08/11/34	340	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		Autism Socialization Group	90853	SC			08	110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	T11**	Family Psychotherapy (without the patient present)	90846	U1			31	339/318 (exp.)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		Family Psychotherapy (without the patient present)	90846				08, 19	110, 190	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		Family Psychotherapy - MISA Collateral	90846	HH			08, 19	110, 190	15 min	Y	11, 12, 22, 50, 56, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
	PSS	Peer Support Services	H0038				08, 11, 21	076	15 min units/16 units per day	N	11,12,15, 22, 50, 53, 62, 71, 72, 99, 49, 21	Psy	Y	DOS
		Peer Support Services	H0038	U3			08, 11, 21	076	15 min units/16 units per day	N	11,12,15, 22, 50, 53, 62, 71, 72, 99, 49, 21	Psy	Y	DOS
		Peer Support Services	H0038	NU			08, 11, 21	076	15 min units/16 units per day	N	11,12,15, 22, 50, 53, 62, 71, 72, 99, 49, 21	Psy	Y	DOS
		Peer Support Services	H0038	U3	NU		08, 11, 21	076	15 min units/16 units per day	N	11,12,15, 22, 50, 53, 62, 71, 72, 99, 49, 21	Psy	Y	DOS
		Peer Support Out of County	H0038	U4			08, 11, 21	076	15 min units/16 units per day	N	11,12,15, 22, 50, 53, 62, 71, 72, 99, 49, 21	Psy	Y	DOS
		Peer Support/Interactive Telecom Services	H0038	GT			08, 11, 21	076	15 min	N	11,12,15, 22, 50, 53, 62, 71, 72, 99, 49, 21	Psy	Y	DOS
Assessment & Assistance														
	AAT**	Assess & Assist TSS worker< 6 mths exp.	H2014	HA	U1		31	548	15 min/ minimum 4 units	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
		Assess & Assist TSS worker< 6 mths exp.	H2014	HA			19, 11, 08, 09	548 (19,09), 800/804/808 (08), 442/446/450 (11)	15 min/ minimum 4 units	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
		Assess & Assist TSS worker> 6 mths exp.	H2014	U1			31	548	15 min/ minimum 4 units	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS

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	Assess & Assist TSS worker> 6 mths exp.	H2014				19, 11, 08, 09	548 (19,09), 800/804/808 (08), 442/446/450 (11)	15 min/ minimum 4 units	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
Family Based Services														
FB1**	Team member w/Consumer	H0004	HE			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Team member w/ Family of Consumer	H0004	UK			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Team member w/Consumer	H0004	U3	HE		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Team member w/Family of Consumer	H0004	U2	UK		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Enhanced Family Based Team Member w/Consumer	H0004	UA			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Team member w/Family and/or Consumer	H0004	U5	HT		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Enhanced Family Based Team Member w/Family	H0004	U6	U4		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Enhanced Family Based Team Member w/Family	H0004	HA			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Enhanced Family Based Team w/Consumer	H0004	UB	U4		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Enhanced Family Based Team Member w/Collateral	T1016	U4			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Enhanced Family Based Team w/Collateral	T1016	U8	U4		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Team member w/ Collateral	T1016	UB	UK		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Family Based Travel	T2003				11	115	15 min	Y	12, 99	Psy	Y	DOS	
	Team w/consumer &/or Family	H0004	HT			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Team w/ Collateral	T1016	HT			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
FBC	Family Based Crisis Travel Time	T2004	HX			11	115	15 min	Y	12, 99	Psy	Y	DOS	
	FAMILY BASED- CRISIS TEAM MEMBER W/ CONSUMER	H0004	ET			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	FAMILY BASED -CRISIS TEAM MEMBER/ FAMILY OF CONSUMER	H0004	TJ			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	FAMILY BASED CRISIS TEAM MEMBER W/ COLLATERAL	T1016	HS			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	FAMILY BASED CRISIS TEAM W/CONSUMER &/OR FAMILY	H0004	HR			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	FAMILY BASED CRISIS TEAM W/ COLLATERAL	T1016	TJ			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	

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	FB3	Enhanced Family Based 3rd Person	T1016	U6	U4		11	115	15 min	N	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS
	PEP	SCORE Program	H0046	U7	SC		08/11	340	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOD
		West Hill School Based Program	H0046	U8	SC		08/11	340	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOD
		School Based Program	H2022				08/11	340	per diem	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y (S8)	DOD
Base Service Unit														
	BSP	BSU Service Plan Assessment	90801	U4			08	110	per event	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 15, 49	Psy	Y	DOS
	DXA	Diagnostic Assessment	H0031				11	110	15 min	Y	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
Plan Assessments														
	SPA	SCA Service Plan Assessment	H0001	U5			11	184	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS
	DA	Diagnostic Assessment - Level of Care Assessment	H0001				11	184	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS
		CRAFFT Diagnostic Assessment	H0001	U7			11	184	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Sub	Y	DOS
Medication Mgt.														
	RXM	Pharmacological Mgt	90862				08	184	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Pharmacological Mgt	90862				31, 08	339, 110	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Tele Psych	90862	U3			08	110	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		MISA Med Check - D&A	90862	HH			08	184	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	N	DOS
		MISA Med Check - MH	90862	HH			08	110	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
		Telepsych Med Check	90862	GT			08	110	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Co-Occurring Medication Management	90862	TG			08	184, 110	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Nurse Med Check	90862	U4			08	110	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
		Med Management by a signing Psychiatrist	90862	U5			08	110	per event	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Med Management for Buprenorphine patient only	90862	U6			08	184	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	RXF	Forensic Med Check	90862	HZ			08	110	per event (minimum 15 min)	Y	11, 12, 49, 99	Psy	N	DOS
Evaluation														
		Initial Psych Interview/Exam	99205				31	339/318 (exp.)	60 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Re-evaluation	99215	U4			31	339/318 (exp.)	per event (no less than 40 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS

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	EXM**	Diagnostic Evaluation - Day Of Discharge	90801	U2			08	110	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
		Psych Diag Eval of Patient by MD; Facil req Interpreter	90801	U3			08, 08	184, 110	60 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Psych Diag Eval of Patient by MD; Facil req Interpreter	90801	U8			08, 08	184, 110	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		CRAFFT Evaluation	90801	U7			08	184	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Sub	N	DOS
		Initial Psych Interview/Exam	90801	UB			08, 08	184, 110	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Telepsych Diagnostic Interview - Therapist	90801	GT			08, 08	184, 110	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Telepsych Diagnostic Interview	90801	U8	GT		08, 08	184, 110	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Fire Starter Assessment	90801	U6			08, 08	184, 110	per occurrence	Y	99	Psy, Sub	N	DOS
		Psychiatric Evaluation	90801	TV			08, 08	184, 110	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Safe Start Program Intake/Assessment	90801	TJ			08, 08	184, 110	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99,	Psy, Sub	N	DOS
		Psych Eval (LSW - Sex Offender/Victims)	90801	AJ			11	112	per occurrence	Y	11, 12, 22, 31, 32, 33, 34, 49, 50, 53, 62, 71, 72, 99	Psy, Sub	N	DOS
		Victim Evaluation	90801	ST			11	112	per occurrence	Y	11, 12, 22, 31, 32, 33, 34, 49, 50, 53, 62, 71, 72, 99	Psy, Sub	N	DOS
		MD/DO Diagnostic Evaluation for Buprenorphine patients only	90801	HB			08	184	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	N	DOS
		Diagnostic Evaluation of Patient, conducted by a signing therapist	90801	HO			08	184, 110	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		New psychiatric evaluation interactive	90802	U3			08	110	per occurrence	N	11, 12, 22, 31, 32, 33, 34, 49, 50, 53, 62, 71, 72, 99	Psy	Y	DOS
		Child Initial psych/Interview/Exam VBHPA Secondary	90802	U5			08	110	per occurrence	Y	12,49	Psy	N	DOS
		Child Initial Psych Interview/Exam	90802	UB			08, 08	184, 110	per occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Psy Diag Interview (Non-licensed masters level therapist)	H0031	U3			11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	Y	DOS
		Psy Diag Interview (LSW)	H0031	AJ			11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
		EXF	FORENSIC DIAGNOSTIC EVALUATION THERAPIST	90801	HY			08	110	per occurrence	Y	11, 12, 49, 99	Psy	N
	FORENSIC DIAGNOSTIC EVALUATION MD/DO		90801	HZ			08	110	per occurrence	Y	11, 12, 49, 99	Psy	N	DOS
Therapy														
		Individual Psychotherapy	90804	UB			08, 19	110, 190	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
		MISA Individual	90804	HH			08, 08	184, 110	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Individual Psychotherapy (Non-licensed masters level therapist)	90804	U3			11	112	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS

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		Provider Service Code	Prov Mod 1	Prov Mod 2	Prov Mod 3								
	Individual Therapy - Mobile OP Discharge	90804	U4			08	110	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Individual Psychotherapy (Trauma Focused Services)	90804	ST			11	112	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Co-Occurring Individual Therapy	90804	TG			08, 08	184, 110	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Individual Therapy	90804	U5			08	110	20-30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Individual Psychotherapy	90806	UB			08, 19	110, 190	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Individual Psychotherapy (Non-licensed masters level therapist)	90806	U3			11	112	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS
	Individual Therapy - Mobile OP Discharge	90806	U4			08	110	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Individual Psychotherapy (Trauma Focused Services)	90806	ST			11	112	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Co-Occurring Individual Therapy	90806	TG			08, 08	184, 110	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Individual Therapy	90806	U5			08	110	45-50 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Individual Psychotherapy	90808	UB			08, 19	110, 190	(75 to 80 min) 75	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Individual Psychotherapy (Non-licensed masters level therapist)	90808	U3			11	112	(75 to 80 min) 75	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS
	Individual Therapy - Mobile OP Discharge	90808	U4			08	110	(75 to 80 min) 75	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Individual Psychotherapy (Trauma Focused Services)	90808	ST			11	112	(75 to 80 min) 75	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Co-Occurring Individual Therapy	90808	TG			08, 08	184, 110	(75 to 80 min) 75	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Individual Therapy	90808	U5			08	110	75-80 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Telepsych Individual Psychotherapy	90804	GT			08, 08	184, 110	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Telepsych Individual Psychotherapy	90806	GT			08, 08	184, 110	45 - 50 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Telepsych Individual Psychotherapy	90808	GT			08, 08	184, 110	75 - 80 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Mobile Mental Health Treatment (MMHT) Individual	90810	U4			08, 08	184, 110	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Mobile Mental Health Treatment (MMHT) Individual	90812	U4			08, 08	184, 110	45 - 50 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Individual Psychotherapy, Interpreter	90810				08, 08	184, 110	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Individual Psychotherapy, Interpreter	90812				08, 08	184, 110	45 - 50 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Individual Psychotherapy, Interpreter	90814				08, 08	184, 110	75 - 80 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Group Psychotherapy, Interpreter	90853	U4	UB		08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS

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OUT**	Family Psychotherapy, Interpreter	90847	U4	UB		08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Individual Psychotherapy, Interpreter, not covered by Medicare	90810	GX			08, 08	184, 110	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Individual Psychotherapy, Interpreter, not covered by Medicare	90812	GX			08, 08	184, 110	45 - 50 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Individual Psychotherapy, Interpreter, not covered by Medicare	90814	GX			08, 08	184, 110	75 - 80 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Group Psychotherapy, Interpreter, not covered by Medicare	90853	GX			08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Family Psychotherapy, Interpreter, not covered by Medicare	90847	GX			08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	Safe Start Program Family Therapy w/o Member	90846	HA			08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99	Psy, Sub	N	DOS
	Safe Start Program Family Therapy	90847	HA			08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99	Psy, Sub	N	DOS
	Safe Start Program Group Therapy	90853	HA			08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99	Psy, Sub	N	DOS
	Safe Start Program Individual Therapy	90806	HA			08	184, 110	45-50 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99	Psy, Sub	N	DOS
	Individual Psychotherapy w/Medication Management	90805	U1			31	339/318 (exp.)	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Individual Psychotherapy	90805				08	110	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Individual Psychotherapy	90807	U1			31	339/318 (exp.)	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Ind Psy (LPC, LSW)	90804	AJ			11	112	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Ind Psy (LPC, LSW)	90806	AJ			11	112	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Ind Psy (LPC, LSW)	90808	AJ			11	112	(75 to 80 min) 75	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Group Psychotherapy	90853	U1			31	339/318 (exp.)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Group Psychotherapy	90853				08, 19	110, 190	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	MISA Group	90853	HH			08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Group Psychotherapy (Non-licensed masters level therapist)	90853	U3			11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS
Group Psy (LSW)	90853	AJ			11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS	
Group Psychotherapy (Trauma Focused Services)	90853	ST			11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS	

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		Provider Service Code	Prov Mod 1	Prov Mod 2								
	Co-Occurring Group Therapy	90853	TG		08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Family Psychotherapy	90847	U1		31	339/318 (exp.)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Family Psychotherapy	90847			08, 19	110, 190	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Family Psychotherapy (Non-licensed masters level therapist)	90847	U3		11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS
	Family Psy (LSW)	90847	AJ		11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Family Psychotherapy (Trauma Focused Services)	90847	ST		11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS
	Co-Occurring Family Therapy	90847	TG		08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
	Children of parents w/ D&A Diagnosis	H0022			11	184	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS
	Children of parents w/ D&A Diagnosis (Group)	H0022	U3		11	184	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS
	OPR	DA Individual Psychotherapy	90804	HF		08	184	(20 to 30 min) 30	Y	11, 12, 22, 49, 50, 53, 62, 71, 72, 99	Sub	N
DA Individual Psychotherapy		90806	HF		08	184	(45 to 50 min) 45	Y	11, 12, 22, 49, 50, 53, 62, 71, 72, 99	Sub	N	DOS
DA Individual Psychotherapy		90808	HF		08	184	(75 to 80 min) 75	Y	11, 12, 22, 49, 50, 53, 62, 71, 72, 99	Sub	N	DOS
DA Group Psychotherapy		90853	HF		08	184	15 min	Y	11, 12, 22, 49, 50, 53, 62, 71, 72, 99	Sub	N	DOS
DA Family Psychotherapy		90847	HF		08	184	15 min	Y	11, 12, 22, 49, 50, 53, 62, 71, 72, 99	Sub	N	DOS
CRAFFT Individual		90810	U7		08	184	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Sub	N	DOS
CRAFFT Individual		90812	U7		08	184	45 - 50 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Sub	N	DOS
CRAFFT Individual		90814	U7		08	184	75 - 80 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Sub	N	DOS
CRAFFT Group Therapy		90853	U7		08	184	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Sub	N	DOS
CRAFFT Collateral		90846	U7		08	184	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Sub	Y	DOS
Evaluation Drug & Alcohol Intervention Services		H0022	U5		11	184	Per Event	Y	99	Sub	Y	DOS
Drug & Alcohol Intervention Services		H0022	U4		11	184	Per Event	Y	99	Sub	Y	DOS
Nurse Coordination with PCP		H0047	U4		11	184	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Sub	Y	DOS
DA OP in an Alternative Setting - Individual		H0047	HA		11	184	15 min	Y	03	Sub	N	DOS
DA OP in an Alternative Setting - Group		H0047	U5		11	184	15 min	Y	03	Sub	N	DOS
	Co-Occurring Individual Therapy	90804	TG		08, 08	184, 110	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS

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	COT	Co-Occurring Individual Therapy	90806	TG			08, 08	184, 110	(45 to 50 min)45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Co-Occurring Individual Therapy	90808	TG			08, 08	184, 110	(75 to 80 min)75	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Co-Occurring Group Therapy	90853	TG			08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		Co-Occurring Family Therapy	90847	TG			08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		MISA Individual	90804	HH			08, 08	184, 110	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		MISA Group	90853	HH			08, 08	184, 110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS
		DRS	DA Recovery Specialist	H0047	U6			11	184	15 min	N	99	Sub	Y
	DCC	DA Case Coordination	H0047	U7			11	184	15 min	N	99	Sub	Y	DOS
	PCT	INDIVIDUAL THERAPY PARENT-CHILD INTERACTION THERAPY (PCIT)	90804	HR			08	110	20-30 MIN	N	11,49	PSY	N	DOS
		INDIVIDUAL THERAPY PARENT-CHILD INTERACTION THERAPY (PCIT)	90806	HR			08	110	45-50 MIN	N	11,49	PSY	N	DOS
		INDIVIDUAL THERAPY PARENT-CHILD INTERACTION THERAPY (PCIT)	90808	HR			08	110	75-80 MIN	N	11,49	PSY	N	DOS
		FAMILY THERAPY PARENT-CHILD INTERACTION THERAPY (PCIT)	90847	HR			08	110	15 MIN	N	11,49	PSY	N	DOS
		GROUP THERAPY PARENT-CHILD INTERACTION THERAPY (PCIT)	90853	HR			08	110	15 MIN	N	11,49	PSY	N	DOS
		Telepsych Equipment & Technology	Q3014				08	110	per occurrence	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS
		Physician visit for Induction	90801	HG			08	184	per occurrence	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	Y	DOS
		Physician Visit for Evaluation	90801	UD			08	184	per occurrence	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	Y	DOS
		Individual Therapy	90804	HG			08	184	20-30 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	Y	DOS
		Individual Therapy	90804	HK			08	110	20-30 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	Y	DOS
		Individual Therapy	90806	HG			08	184	45-50 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	Y	DOS
		Family Therapy	90847	HG			08	184	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	Y	DOS

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	AUT	Group Therapy	90853	HG			08	184	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	Y	DOS	
		Group Therapy	90853	HK			08	110	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	Y	DOS	
		Medication Management	90862	HK			08	110	Per Event	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	Y	DOS	
		Intensive Outpatient Services DA	H0015	HG			11	128	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	Y	DOS	
		Weekly Dosing	H0033				08	084	Weekly	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	Y	DOS	
		Daily Dosing	H0033	HG			08	084	Daily	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Sub	Y	DOS	
		Medication Training & Support (Clozaril)	H0034	HB			08	110	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
		Peer Specialist	H0038	HK			08, 11, 21	076	15 min	N	11, 12, 15, 22, 50, 53, 62, 71, 72, 99, 49, 21	Psy	Y	DOS	
		OS1	Alcohol and/or other drug abuse service, not otherwise specified	90847	UB			08	184	15 min	N	99	Sub	N	DOS
	MDF	Mobile Drug & Alcohol Family Therapy	H0047	HW			11	184	15 min	Y	99	Sub	Y	DOS	
	OS2	Alcohol and/or other drug abuse service, not otherwise specified	H0047	U3			11	184	Weekly	Y	99	Sub	N	DOS	
	OBT	Group Therapy Childhood Obesity Program	90853	U8			08	110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy	N	DOS	
	OPM	Expedited Evaluation - MD (Mobile Adult Outpatient)	90801	HE			08	110	per occurrence	Y	11,15	Psy	Y	DOS	
		Expedited Evaluation - MD (Mobile Adult Outpatient)	90801	HE			08	184	per occurrence	Y	11,15	Sub	Y	DOS	
		Intake Evaluation (Mobile Adult Outpatient)	90801	TS			08	110	per occurrence	Y	11,15	Psy	Y	DOS	
		Intake Evaluation (Mobile Adult Outpatient)	90801	TS			08	184	per occurrence	Y	11,15	Sub	Y	DOS	
		Individual Therapy (Mobile Adult Outpatient)	90804	HE			08	110	20-30 min	Y	11,15	Psy	Y	DOS	
		Individual Therapy (Mobile Adult Outpatient)	90804	HE			08	184	20-30 min	Y	11,15	Sub	Y	DOS	
		Individual Therapy (Mobile Adult Outpatient)	90806	HE			08	110	45-50 min	Y	11,15	Psy	Y	DOS	
		Individual Therapy (Mobile Adult Outpatient)	90806	HE			08	184	45-50 min	Y	11,15	Sub	Y	DOS	
		Individual Therapy (Mobile Adult Outpatient)	90808	HE			08	110	75-80 min	Y	11,15	Psy	Y	DOS	
		Individual Therapy (Mobile Adult Outpatient)	90808	HE			08	184	75-80 min	Y	11,15	Sub	Y	DOS	
		Medication Management (Mobile Adult Outpatient)	90862	HE			08	110	Per Event	Y	11,15	Psy	Y	DOS	
		Medication Management (Mobile Adult Outpatient)	90862	HE			08	184	Per Event	Y	11,15	Sub	Y	DOS	
		OPF	Forensic Individual Therapy	90804	HZ			08	110	20-30 MIN	Y	11, 12, 49, 99	Psy	N	DOS
			Forensic Individual Therapy	90806	HZ			08	110	45-50 MIN	Y	11, 12, 49, 99	Psy	N	DOS
			Forensic Individual Therapy	90808	HZ			08	110	75-80 MIN	Y	11, 12, 49, 99	Psy	N	DOS

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	Forensic Group Therapy	90853	HZ			08	110	15 MIN	Y	11, 12, 49, 99	Psy	N	DOS	
	Forensic Family Therapy	90847	HZ			08	110	15 MIN	Y	11, 12, 49, 99	Psy	N	DOS	
	Psychological Evaluation	90801	SE			19	190	30 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS	
	Individual Therapy	90804	SE			19	190	20-30 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS	
	Individual Therapy	90806	SE			19	190	45-50 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS	
	Individual Therapy	90808	SE			19	190	75-80 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS	
	Group Therapy	90853	SE			19	190	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS	
	Family Therapy	90847	SE			19	190	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS	
	Psych Testing	96101	SE			19	190	Per Hour	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49	Psy, Sub	N	DOS	
	TES Teen Screen	90801	HK			11	112	per hour	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS	
Clozapine Support														
	CME Clozaril Monitor & Eval	H0034	HK			08	110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
	CME Clozaril Monitor & Eval by MD/DO	H0034	U1			08	110	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
	CS1 Clozapine Support Serv	H2010	U1			31	339	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
	CS2 Clozapine Support Serv	H2010	HK			08, 11	110, 113/114	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
Testing														
	TS1 Psychological Testing	96101				19, 08, 11	190, 110, 113/114/115	per hour	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	N	DOS	
	TS1 Psychological Testing	96101	U1			31	339/318 (exp.)	per hour	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	N	DOS	
	TS2 Neuropsychological Testing	96118				19, 08, 11	190, 110, 113/114/115	per hour	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	N	DOS	
	TS2 Neuropsychological Testing	96118	U1			31	339/318 (exp.)	per hour	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	N	DOS	
Note: claims payable from TS1 only		Note: 10/2008 – TS1 & TS2 were combined												
Electroconvulsive Therapy														
	EC1** ECT Therapy/single seizure	90870				01, 08	010, 110	1tx	Y	21, 22, 51, 99, 49	Psy, Sub	N	DOS	
	EC2** ECT Therapy/single seizure/physician services	90870	AM			31	339/318 (exp.)	1 tx	Y	21, 22, 51, 99, 49	Psy, Sub	N	DOS	
	IET ECT/Inpt	0901				01, 01/01	010, 011/022	occur	Y	21, 51	Psy	N	DOS	
	ANE Anesthesia	00104	U1			31	339/318 (exp.)		N	21, 22, 51, 99, 49	Psy, Sub	N	DOS	

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		Behavioral Health Rehabilitative Services (BHRS)												
		Physician Wraparound												
	Y96**	Psych Eval	90801	U1			31	339	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Psych Eval	90801				19, 11, 08	190, 113/114/115, 110	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		CCASBE w/Primary Insurance	90801	TU			19, 11, 08	190, 113/114/115, 110	30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	EV2	Re-evaluation	99215				08	110	per event (no less than 40 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Re-evaluation	99215				19, 31	190, 339	per event (no less than 40 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	YT1**	TSS	H2021	EP			19, 11, 08, 09	548 (19,09), 442/446/450 (11), 800/804/808 (08)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		TSS	H2021	EP	U1		31	548	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		TSS, Interpreter	H2021	U5			19, 11, 08, 09	548 (19,09), 442/446/450 (11), 800/804/808 (08)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		TSS	H2021	UB			19, 11, 08, 09	548 (19,09), 442/446/450 (11), 800/804/808 (08)	15 min	Y	12, 23, 99	Psy, Sub	Y	DOS
	YT2	Physician Wraparound-TSS												DOS
	YT3	TSS in School	H2021	U3			19, 11, 08, 09	548 (19,09), 442/446/450 (11), 800/804/808 (08)	15 min	Y	03	Psy, Sub	Y	DOS
	YT4	TSS in School												DOS
	YT5	School - Act 62												DOS
	YT6	Home & Community - Act 62												DOS
	TF2	TSS Aide												DOS
	ITM	Interagency Service Planning Team Mtg	90802				19, 11, 08	190, 113/114/115, 110	occur - 30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
	TXS	Tx Services Chd & Adol (Independent Evaluator)	90802	U4			19	190	occur - 30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
	AEV	Addendum to Evaluation	90801	U5			08	110	occur - 30 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOD
	TSF	Therapeutic Services (Therapeutic Family Care)	H0019	TT			52	523	per hour	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
	INT	Interpreter Services for Hearing Impaired	H2021	HQ	SC		19, 11, 08, 09	548 (19,09), 442/446/450 (11), 800/804/808 (08)	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
	CMP	Summer Camp	H2012	EP			08/11, 08, 11	340, 811, 453	per hour	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		Summer Camp	H2012	U5			08/11, 08, 11	340, 811, 453	per hour	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS

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SAR	Mobile Adolescent Recovery Team	H2019	U8			19, 11, 08, 09	549 (19,09), 443/447/451 (11), 801/805/809 (08)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y (S8)	DOS	
SBT	MT	H2019	UC			19, 11, 08, 09	549 (19,09), 443/447/451 (11), 801/805/809 (08)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS	
GRC	Tx Services Chd & Adol/Group Home/Comp	H0019	HQ			52	523	per diem	Y	12, 99, 49	Psy, Sub	Y	DOD	
	Tx Services Chd & Adol/Group Home/Comp (R&B)	H0019	U3			52	523	per diem	Y	12, 99, 49	Psy, Sub	Y	DOD	
GRT	Tx Services Chd & Adol/Group Home/tx only	H0019	U5	HQ		52	523	per diem	Y	12, 99, 49	Psy, Sub	Y	DOS	
	Community Residential Program	H0012	HA			08/11	340	per diem	Y	12, 99, 49	Psy, Sub	Y	DOS	
Alternative Levels of Care														
Partial Hospitalization														
PRT**	Licensed Adult Psych Partial Hosp/Adult	H0035				11	114	1 hour	Y	52, 53, 99	Psy	N	DOD	
	Licensed Adult Psych Partial Hosp/Child	H0035	HA			11	114	1 hour	Y	52, 53, 99	Psy	N	DOD	
	Psych Partial/Non-covered Medicare/Adult	H0035	U2			11	114	1 hour	Y	52, 53, 99	Psy	Y	DOD	
	Enhanced School Based Partial Level 1	H0035	U7			11	114	1 hour	Y	52, 53, 99	Psy	Y	DOD	
	Enhanced School Based Partial Level 2	H0035	U8			11	114	1 hour	Y	52, 53, 99	Psy, Sub	Y	DOD	
	Psych Partial/Non-covered Medicare/Child (0-14)	H0035	U4			11	113	1 hour	Y	52, 53, 99	Psy	Y	DOD	
	Licensed Child Psych Partial Hosp/Adult	H0035	HB	UA		11	113	1 hour	Y	52, 53, 99	Psy	N	DOD	
	Licensed Child Psych Partial Hosp/Child	H0035	UB	UA		11	113	1 hour	Y	52, 53, 99	Psy	N	DOD	
	Licensed Child Psych Partial Hosp/Child (15 to 20 yrs)	H0035	UA			11	113	1 hour	Y	52, 53, 99	Psy	N	DOD	
	Adult Acute Partial	H0035	U5			11	114	1 hour	Y	52, 53, 99	Psy	Y	DOD	
APH	Adult Acute Partial (Non-covered Medicare)	H0035	U3			11	114	1 hour	Y	52, 53, 99	Psy	Y	DOD	
	Child/Adol Acute Partial (Non-covered Medicare)	H0035	HE			11	114	1 hour	Y	52, 53, 99	Psy	Y	DOD	
	Sleep Over Partial	H0035	HK			11	114	1 hour	Y	52, 53, 99	Psy	N	DOD	
NPH	Acute Partial (Sharon Only)	H0035	U6			11	114	1 hour	Y	52, 53, 99	Psy	N	DOD	
	Non-Covered Acute Partial	H0035	GX			11	114	1 hour	Y	52, 53, 99	Psy	Y	DOD	
COO	Acute Partial Hospitalization Co-Occurring	H0035	TG			11	114	1 hour	Y	52, 53, 99	Psy, Sub	Y	DOD	
APD	Adult Acute Partial Hospitalization	H0035	UC			11	114	per hour	N	52, 53, 99	Psy	Y	DOS	
PRC	Clozapine Support	H2010	U4			08	110	15 min	Y	52, 53, 99	Psy	Y	DOD	
DAP	D & A Partial	H2035				11	129	per hour	Y	62, 99	Sub	Y	DOD	
	Enhanced D & A Partial	H2035	U4			11	129	per hour	Y	62, 99	Sub	Y	DOD	

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Crisis Intervention														
	CR1	Telephone Crisis	H0030				11	118	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	CR2	Walk-In Crisis	H2011				11	118	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	CR3	Mobile/Individual Delivered	H2011	HE			11	118	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
		Mobile Crisis Follow-Up	H2011	U7			11	118	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	CR4	Mobile/Team Delivered	H2011	HT			11	118	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	CR5	Crisis In-Home Support	S9484				11	118	per hour/max 4 hrs	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	CR6	Medical Mobile/Team	H2011	HK			11	118	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	CR7	Crisis Residential	S9485				11	118	per diem	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		Residential Treatment Facility - Adult (RTFA)	H0019	HB			11	110	per diem	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
	CR8	Crisis Residential	S9485	U3			11	118	per diem	Y	12, 99	Psy, Sub	Y	DOS
Methadone Maintenance														
	MM1	Methadone Maintenance	H0020	UB			08	084	daily	Y	11, 12, 22, 50, 62, 71, 72, 99, 49, 57	Sub	Y	DOS
		Methadone Maintenance	H0020	U3			08	084	daily	Y	11, 12, 22, 50, 62, 71, 72, 99, 49, 57	Sub	Y	DOS
		Methadone Maintenance (clinic encounter)	T1015	HG			08	084	weekly (visit)	Y	11, 12, 22, 50, 62, 71, 72, 99, 49, 57	Sub	Y	DOS
		Methadone Maintenance (clinic encounter)	T1015	U3			08	084	weekly (visit)	Y	11, 12, 22, 50, 62, 71, 72, 99, 49, 57	Sub	Y	DOS
	MBP	METHADONE-RECOVERY INITIATION & STABILIZATION PHASE 1	T1015	U4			08	084	weekly	Y	57	Sub	Y	DOS
		METHADONE-RECOVERY INITIATION & STABILIZATION PHASE 1	H0020	U4			08	084	daily	Y	57	Sub	Y	DOS
		METHADONE-EARLY RECOVERY & REHABILITATION PHASE 2	T1015	U5			08	084	weekly	Y	57	Sub	Y	DOS
		METHADONE-EARLY RECOVERY & REHABILITATION PHASE 2	T1015	U5			08	084	weekly	Y	57	Sub	Y	DOS
		METHADONE-EARLY RECOVERY & REHABILITATION PHASE 2	H0020	U5			08	084	daily	Y	57	Sub	Y	DOS
		METHADONE-RECOVERY MAINTENANCE- PHASE 3	T1015	U6			08	084	weekly	Y	57	Sub	Y	DOS
		METHADONE-RECOVERY MAINTENANCE- PHASE 3	H0020	U6			08	084	daily	Y	57	Sub	Y	DOS

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		METHADONE-LONG TERM SUSTAINED RECOVERY- PHASE 4	T1015	U7			08	084	weekly	Y	57	Sub	Y	DOS
		METHADONE-LONG TERM SUSTAINED RECOVERY- PHASE 4	H0020	U7			08	084	daily	Y	57	Sub	Y	DOS
Other														
	RSP	Adolescent Diversion/Stabilization	H0018	HA			52, 08/11/34	523, 340	per diem	Y	99	Psy	Y	DOD
		Adolescent Diversion/Stabilization	H0019	HA			52, 08/11/34	523, 340	per diem	Y	99	Psy	Y	DOD
		Adolescent Diversion/Stabilization w/o Acute PHP	H0019	U7			52, 08/11/34	523, 340	per diem	Y	99	Psy	Y	DOD
		Crisis Diversion/Stabilization when Adolescent involved w/CYS-JPO (Tx Only)	H0019	H9			52, 08/11/34	523, 340	per diem	Y	99	Psy	Y	DOD
		Crisis Diversion/Stabilization when Adolescent NOT involved w/CYS-JPO (R&B)	H0019	UA			52, 08/11/34	523, 340	per diem	Y	99	Psy	Y	DOD
	IND	Enhanced D&A IOP	H0015	HF			11	128	15 min	Y	11, 12, 22, 50, 62, 71, 72, 99	Sub	Y	DOD
		Intensive outpt D & A	H0015				11	128	15 min/ minimum 3 hrs	Y	11, 12, 22, 50, 62, 71, 72, 99	Sub	Y	DOD
		MISA D&A IOP	H0015	HH			11	128	15 min/ minimum 3 hrs	Y	11, 12, 22, 50, 62, 71, 72, 99	Sub	Y	DOD
	INP	Intensive outpt Psych	H2012	SC			08	110	per hour (15 min ??)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99	Psy	Y	DOD
		Co-Occurring Intensive Outpatient	H2012	TG			08	110	per hour	Y	11, 12, 22, 49, 50, 53, 62, 71, 72, 99	Psy	Y	DOD
	SMK	Smoking Cessation - Individual Therapy	S9075				37	370	15 min	N	11, 22, 31, 32, 49, 99	Psy, Sub	N	DOS
		Smoking Cessation - Group Therapy	S9075	HQ			37	370	15 min	N	11, 22, 31, 32, 49, 99	Psy, Sub	N	DOS
	PRS	Psych Rehab-Site Based	H0036				11	123	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49, 15, 99	Psy	Y	DOS
		Psych Rehab-Site Based, New Equipment	H0036	NU			11	123	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49, 15, 99	Psy	Y	DOS
		Transition Site Based Psych Rehab	H0036	U4			11	123	15 min	Y	11,12,22,50,53,62,71,72,99,49,15,99	Psy	Y	DOS
	PRM	Psych Rehab-Mobile	H0036	HB			11	123	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49, 15, 99	Psy	Y	DOS
		Psych Rehab-Mobile by ASL Cert. Signing Therapist	H0036	U3			11	123	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49, 15, 99	Psy	Y	DOS
	CLB	Clubhouse	H2030				11	123	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	CRR	Community Res Rehab	H0018	HB			11	110	per diem	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	CRO	Community Residential Services - Other	N/A				11	110	per diem	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS

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CTA	CTT Assessment	H0039	HK			11	111	Event	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
CTT	Community Tx Teams	H0039	HB			11	111	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
	Assertive Community Tx Team (ACT) Group	H0039	U3			11	111	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
EG1	CTT Engagement	H0031	U6			11	111	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Psy	Y	DOS	
CMM	Community Mental Health/Other	H0046	HW			11	119	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS	
	Mobile Meds Travel	H0046	U4			11	119	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS	
	Mobile Meds Nurse Extender	H0046	HK			11	119	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS	
MMF	Mobile Meds Follow Up	H0046	U5			11	119	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS	
INS	Interpreter Services All Ages	H0046	UB			11	119	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOD	
FFA	Adult Family Focused Solutions Based Services- Individual	H0046	HB			11	119		Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	Adult Family Focused Solutions Based Services- Team	H0046	U6			11	119		Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
FDP	Forensic Diversion Program (APA)	H2033	HB			11	119	Weekly	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS	
FDE	Forensic Diversion Encounter Data (APA)	H2033	U7			11	119	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS	
Case Management														
CM1*	MH/MR Case Management (ICM)	T1017	UB			21	222	15 min	Y	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
	MH/MR Case Management (ICM - CTT)	T1017	HT			21	222	15 min	Y	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
	MH Services During Psych Inpatient Admission (ICM)	T1017	HK			21	222	15 min	Y	99	Psy	Y	DOS	
	MH Services During Non-Psych Inpatient Admission (ICM)	T1017	HE	HK		21	222	15 min	Y	99	Psy	Y	DOS	
	MH Services During Psych Inpatient Admission (ICM - CTT)	T1017	U4			21	222	15 min	Y	99	Psy	Y	DOS	
	MH Services During Non-Psych Inpatient Admission (ICM - CTT)	T1017	U5			21	222	15 min	Y	99	Psy	Y	DOS	
	MH Services During Psych Inpatient Admission	H0004	HK			11	115	15 min	Y	99	Psy	Y	DOS	
	MH Services During Non-Psych Inpatient Admission	H0004	U4			11	115	15 min	Y	99	Psy	Y	DOS	
	Child Urgent Response Team BCM	T1017	HA			21	222	15 min	Y	11,12,21,31,32,99	Psy	Y	DOS	
	MH Intensive Case Management Svc.	T1017	UC			21	222	15 min	Y	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
	Blended Case Mgt. By an ASL Certified Signing Therapist	T1017	U2			21	222	15 min	Y	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
CMF	Forensic Case Management	T1017	HZ			21	222	15 min	Y	11,12,21,31,32,99	Psy	Y	DOS	

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	TM1	Blended Case Management - Encounter	T1017	UD			21	222	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
		TCM Auto-Payment	T1017	U7			21	222	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
		TCM Auto-Pay by an ASL certified Signing Therapist	T1017	U8			21	222	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
		MDFT Case Management	H0047				11	184	15 min	N	99	Sub	Y	DOS
	RC1*	Resource Mgt	T1017	TF			21	221	15 min	Y	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
		MH Services During Psych Inpatient Admission (RC)	T1017	TS			21	221	15 min	Y	99	Psy	Y	DOS
		MH Services During Non-Psych Inpatient Admission (RC)	T1017	ST			21	221	15 min	Y	99	Psy	Y	DOS
	RC2	Resource Coordination D & A	H0006	TF			21	138	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Sub	Y	DOS
		D&A Blended Case Management	H0006				21	138	15 min	N	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Sub	Y	DOS
	DCM	D & A ICM	T1017	HF			21	138	15 min	Y	11, 12, 22, 50, 62, 71, 72, 99, 49	Sub	Y	DOS
	EG2	Psych Rehab Engagement	H0036	U6			11	123	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Psy	Y	DOS
		Peer Support Engagement	H0038	U6			08/11/21	076	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Psy	Y	DOS
		Case Management Engagement	T1017	U6			21	222	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Psy	Y	DOS
		DA Case Management Engagement	T1017	U3			21	138	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 15, 49, 56	Sub	Y	DOS
Emergency Room														
	ER2	2nd vst/24 hours	99283				31	339	visit	N	23	Psy, Sub	N	DOS
Radiology														

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** Codes interchangeable within the service class

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New Service Class	Description	Provider Service Code	Prov Mod 1	Prov Mod 2	Prov Mod 3	PROMISe Provider Type	PROMISe Specialty Code	New Unit	Auth Req?	POS	Dx Class	TPL Exempt	Timely Filing (Date of Service or Date of Discharge)	
RAD	Labs	70220, 70450, 70460, 70470, 70551, 70552, 70553, 71010, 71020, 72141, 73130, 73550, 76091, 78607, 93000, 93005, 93010, 93041, 93307, 93320, 95812, 95816, 95819				01, 01, 08, 28, 31	010, 019/441, 082, 280, 339		N	22	Psy, Sub		DOS	
	Labs	76857	TC			01, 01, 08, 28, 31	010, 019/441, 082, 280, 339		N	22	Psy, Sub		DOS	
Laboratory														
LAB		80048 - 89365				01, 01, 08, 28, 31	010, 019/441, 082, 280, 339		N	22, 81	Psy, Sub		DOS	
Modifier Legend														
	AJ													
	AM													
	U3													
	U4													
	U5													
ICSI Classes and Codes - as of 07/01/05														
Non-Hospital Drug & Alcohol														
RDX	Detox (3A)	H0013	U9			11	132	per diem	Y	55	Sub	Y	DOD	
STR	Short term Rehab (3B) 3.5	H0018	U9			11	133	per diem	Y	55	Sub	Y	DOD	
LRB	Long term Rehab (3C)	T2048	U9			11	134	per diem	Y	55	Sub	Y	DOD	
HWH	HalfWay House (2B)	H2034	U9			11	131	per diem	Y	55	Sub	Y	DOD	

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	YES	Adolescent Male Rehab YES Program	H0018	U5	U9		11	133	per diem	Y	55	Sub	Y	DOD	
	AR1	Non-Hosp Adol Rehab Short Term	H0018	UB	U9		11	133	per diem	Y	55	Sub	Y	DOD	
		Hospital Reserved Bed Days	H0018	U6	U9		11	133	per diem	Y	55	Sub	Y	DOD	
	AR2	Non-Hosp Adol Rehab Long Term (3.1)	T2048	UB	U9		11	134	per diem	Y	55	Sub	Y	DOD	
		Therapeutic Leave	T2048	UD	U9		11	134	per diem	Y	55	Sub	Y	DOD	
		Hospital Reserved Bed Days	T2048	UC	U9		11	134	per diem	Y	55	Sub	Y	DOD	
Residential Treatment Facility															
	RF7	JCAHO	0154	U9			01	013/027	per diem	Y	55, 56	Psy, Sub	N	DOD	
		Transitional RTF (ICSI)	0154	U6	U9		01	013/027	per diem	Y	55, 56	Psy, Sub	N	DOD	
	RF8	JCAHO/Reserve Bed Day	0134	U9			01	013/027	per diem	Y	55, 56	Psy, Sub	N	DOD	
		Reserve Bed Day Transitional RTF (ICSI)	0134	U6	U9		01	013/027	per diem	Y	55, 56	Psy, Sub	N	DOD	
	RF9	Non-JCAHO TxOnly	H0019	U9			56	560	per diem	Y	55, 56	Psy, Sub	N	DOD	
	R10	Non-JCAHO/Reserve Bed Day Comp (R&B)	T2048	U8	U9		56	560	per diem	Y	55, 56	Psy, Sub	N	DOD	
	R11	Non-JCAHO R+B	T2048	U6	U9		56	560	per diem	Y	55, 56	Psy, Sub	N	DOD	
	R12	Non-JCAHO/Res Bed day Tx Only	H0019	U8	U9		56	560	per diem	Y	55, 56	Psy, Sub	N	DOD	
Family Based Services															
	FB2**	Team member w/Consumer	H0004	U9			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
		Enhanced Family Based Team Member w/Family	H0004	U8	U9		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
		Enhanced Family Based Team Member w/Consumer	H0004	U7	U9		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
		Enhanced Family Based Team Member w/Collateral	T1016	U7	U9		11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
		Team member w/ Collateral	T1016	U9			11	115	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	FB3	Enhanced Family Based 3rd Person	T1016	U3	U9		11	115	15 min	N	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	FFS	Child Family Focused Solutions Based Services- Individual	H0046	U2	U9		08/11/34	340	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
		Child Family Focused Solutions Based Services- Team	H0046	U3	U9		08/11/34	340	15 min	Y	11, 12, 22, 53, 62, 72, 99, 49	Psy	Y	DOS	
	TTS	Trans-Disciplinary Treatment Team Services	H0046	U9			08/11/34	340	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS	
	FFT	Functional Family Therapy	H2019	U9			08/11/34	340	Weekly	Y	12,99, 49	Psy	Y (S8)	DOS	
	FF1	Functional Family Therapy	H2019	HA	U9		08/11/34	340	15 min	Y	12,99, 49	Psy	Y (S8)	DOS	
		Functional Family Therapy - Collateral	H2019	U6	U9		08/11/34	340	15 min	Y	12,99, 49	Psy	Y (S8)	DOS	
	FF2	Functional Family Therapy (encounter claims)	H2019	U7	U9		08/11/34	340	15 min	N	12,99, 49	Psy	Y (S8)	DOS	

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Plan Assessments															
	PCP	Diagnostic Assessment- Level of Care Assessment	H0001	U9			11	184	15 min	Y	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS	
		SCA Service Plan Assessment	H0001	U4	U9			11	184	15 min	Y	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
Medication Mgt.															
	RX1	Pharmacological Mgt	90862	U9			08	184	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS	
		Pharmacological Mgt	90862	U9				31, 08	339, 110	per event (minimum 15 min)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
Evaluation															
	EX1**	Expedited Evaluation	99205	HA	U9		31	339/318 (exp.)	Event	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS	
		Expedited Evaluation	90801	HA	U9			19	190	Event	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Initial Psych Interview/Exam	90801	U9				08, 08	184, 110	60 min (occurrence?)	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Psy Diag Interview (LSW)	H0031	U9	AJ			11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	N	DOS
MST															
	MS3	Multi-Systemic Therapy	H2033	U9			08/11, 08	340, 110	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
		Multi-Systemic Therapy -- BSP	H2033	SE				08/11, 08	340, 110	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	MS4	Multi-Systemic Therapy	H2033	U3	U9		08/11, 08	340, 110	Weekly	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
CRR															
	GR1	Tx Services Chd & Adol/Group Home/Comp (R&B)	H0019	HK	U9		52, 08/11/34	523, 340	per diem	Y	12, 99, 49	Psy, Sub	Y	DOD	
	GR2	Tx Services Chd & Adol/Group Home/tx only	H0019	UC	U9		52, 08/11/34	523, 340	per diem	Y	12, 99, 49	Psy, Sub	Y	DOD	
	GR3	Tx Services Chd & Adol/Group Home/tx only	H0019	U6	U9		52, 08/11/34	523, 340	per diem	Y	12, 99, 49	Psy, Sub	Y	DOD	
Case Management															
	CM2	MH/MR Case Management (ICM)	T1017	U9			21	222	15 min	Y	11, 12, 22, 50, 52, 53, 62, 71, 72, 99, 49	Psy	Y	DOS	
Therapy															
		Individual Psychotherapy	90804	U9	UB		08,08,19	184,110,190	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS	
		Individual Psychotherapy	90806	U9	UB		08,08,19	184,110,190	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS	
		Individual Psychotherapy	90808	U9	UB		08,08,19	184,110,190	(75 to 80 min) 75	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS	
		Individual Psychotherapy w/Medication Management	90805	U9	U1			31	339/318 (exp.)	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Individual Psychotherapy	90807	U9	U1			31	339/318 (exp.)	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Ind Psy (LPC, LSW)	90804	U9	AJ			11	112	(20 to 30 min) 30	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS

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	ROT*	Ind Psy (LPC, LSW)	90806	U9	AJ		11	112	(45 to 50 min) 45	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Ind Psy (LPC, LSW)	90808	U9	AJ		11	112	(75 to 80 min) 75	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Group Psychotherapy	90853	U9	U1		31	339/318 (exp.)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Group Psychotherapy	90853	U9			08,08,19	184,110,190	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Group Psy (LSW)	90853	U9	AJ		11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Family Psychotherapy	90847	U9	U1		31	339/318 (exp.)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Family Psychotherapy	90847	U9			08,08,19	184,110,190	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
		Family Psy (LSW)	90847	U9	AJ		11	112	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	N	DOS
BHRS														
	CCS	Comprehensive Community Support Svcs (after school program) (encounter)	H2015	U9			08/11/34	340	15 min	N	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	ASP	Comprehensive Community Support Svcs (after school program)	H2015	U3	U9		08/11/34	340	Weekly	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
	ASC	After School Program (ICSI)	H2015	U2	U9		08/11/34	340	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	Y	DOS
		After School Program for Youth with ASD	H2015	SC			08/11/34	340	15 min	Y	12, 99	Psy	Y	DOS
	ITI	Interagency Service Planning Team Mtg - ISPT (ICSI)	90802	U9			19, 11, 08	190, 113/114/115, 110	Occurrence	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
	MTI	MT - Licensed (ICSI)	H2019	U2	U9		19, 11, 08, 09	549 (19,09), 443/447/451 (11), 801/805/809 (08)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		MT - Non-Licensed (ICSI)	H2019	U3	U9		19, 11, 08, 09	549 (19,09), 443/447/451 (11), 801/805/809 (08)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
	BSI	BSC - Doctoral (ICSI)	H0032	U9	HP		19, 11, 08, 09	559 (19,09), 802/806/810 (08), 444/448/452 (11)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
		BSC - Masters (ICSI)	H0032	U3	U9		19, 11, 08, 09	559 (19,09), 443/447/451 (11), 801/805/809 (08)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
	YTI	TSS (ICSI)	H2021	U9			19, 11, 08, 09	548 (19,09), 442/446/450 (11), 800/804/808 (08)	15 min	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy, Sub	Y	DOS
Psych Testing														
	TS3	Psychological Testing	96101	U9			19, 08, 11	190, 110, 113/114/115	per hour	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	N	DOS
		Psychological Testing	96101	U9	U1		31	339/318 (exp.)	per hour	Y	11, 12, 22, 50, 53, 62, 71, 72, 99, 49	Psy	N	DOS

