



### Claim Modifiers for Behavioral Health Services

Delaware First Health requires behavioral health providers to bill according to the Delaware First Health Behavioral Health Fee Schedule with applicable modifiers. Claims submitted without applicable modifiers will be denied by the health plan.

Please use the chart below as a guide to acceptable Current Procedural Terminology (CPT) code and modifier combinations for the most commonly-provided behavioral health services.

#### Designated modifiers by provider type:

**HO**= the rendering provider has the highest educational attainment of a master’s degree.

**HP** = the rendering provider has the highest educational attainment of a doctoral degree.

For timely filing, original claims must be submitted to the plan within 120 calendar days from the date services were rendered or compensable items were provided. Denied claims should be corrected and resubmitted to the health plan within 90 days of the date of the EOP or denial, or as defined in a provider’s contract with Delaware First Health.

Code	Description
90791	Psychiatric diagnostic evaluation.
90832	Psychotherapy, 30 minutes with patient and/or family member.
90834	Psychotherapy, 45 minutes with patient and/or family member.
90837	Psychotherapy, 60 minutes with patient and/or family member.
90845	Psychoanalysis.
90846	Family psychotherapy (without the patient present).
90847	Family psychotherapy (conjoint psychotherapy) (with patient present).
90849	Multiple-family group psychotherapy.
90853	Group psychotherapy (other than of a multiple-family group).
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach WAIS) per hour of the psychologist’s or physician’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
96102	Psychological testing (e.g., includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS) with qualified healthcare professional interpretation and report, administered by technician, per hour of technician time, face-to-face.
96103	Psychological testing (e.g., includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI) administered by a computer, with qualified health care professional interpretation and report.
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist’s or

	physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test) administered by computer, with qualified healthcare professional interpretation and report.
96150	Health and behavior assessment (e.g., health focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.
96151	Health and behavior assessment each 15 minutes face-to-face with the patient; re-assessment.
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.
+90785	Interactive complexity (list separately in addition to the code for primary procedure). (Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an evaluation and management (E&M) service [90833, 90836, 90838, 99201–99255, 99304–99337, 99341–99350], and group psychotherapy [90853]). (Do not report 90785 in conjunction with 90839, 90840, or in conjunction with E&M services when no psychotherapy service is also reported).
90791	Psychiatric diagnostic evaluation.
90792	Psychiatric diagnostic evaluation with medical services. (Do not report 90791 or 90792 in conjunction with 99201–99337, 99341–99350, 99366–99368, 99401–99444). (Use 90785 in conjunction with 90791, 90792 when the diagnostic evaluation includes interactive complexity services).
90832	Psychotherapy, 30 minutes with patient and/or family member.
+90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201–99255, 99304–99337, 99341–99350).
90834	Psychotherapy, 45 minutes with patient and/or family member.
+90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201–99255, 99304–99337, 99341–99350).
90837	Psychotherapy, 60 minutes with patient and/or family member. (Use the appropriate prolonged services code [99354–99357] for psychotherapy services 90 minutes or longer).
+90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90838 in conjunction with 99201–99255, 99304–99337, 99341–99350). (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services.)
90839	Psychotherapy for crisis; first 60 minutes.

+90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service). (Use 90840 in conjunction with 90839.) (Do not report 90839, 90840 in conjunction with 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785–90899).
90845	Psychoanalysis.
90846	Family psychotherapy (without the patient present).
90847	Family psychotherapy (conjoint psychotherapy) (with patient present).
90849	Multiple-family group psychotherapy.
	Group psychotherapy (other than of a multiple-family group).
90853	(Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity).
90870	Electroconvulsive therapy (includes necessary monitoring).
90885	Psychological evaluation of records.
96101	Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology, (e.g., Minnesota Multiphasic Personality Inventory [MMPI], Rorschach, Wechsler Adult Intelligence Scale [WAIS]), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
96102	Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g. MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.
96103	Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g. MMPI), administered by a computer, with qualified health care professional interpretation and report.
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Scoring Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test), with qualified healthcare professional interpretation and report, administered by technician, per hour of technician time, face-to-face.
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by computer, with qualified healthcare professional interpretation and report.
96150	Health and behavior assessment (e.g., health focused clinical interview, behavioral observations, psychophysiological monitoring, health oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.

96151	Health and behavior assessment (e.g., health focused clinical interview, behavioral observations, psycho-physiological monitoring, health oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment.
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual.
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (two or more patients).
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present).
99211 HE	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.
	99211 HE for MH medications (e.g., haloperidol, risperidone, fluphenazine, benztropine, and diphenhydramine).
99201	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a problem focused history; 2) a problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99202	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) an expanded problem focused history; 2) an expanded problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a detailed history; 2) a detailed examination; and 3) medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

99205	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the E&M of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a problem-focused history; 2) a problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) an expanded problem focused history; 2) an expanded problem focused examination; and 3) medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a detailed history; 2) a detailed examination; and 3) medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
+99354	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient E&M service). Use 99354 in conjunction with 90837,

	99201-99215, 99241-99245, 99324-99337, 99341-99350. The practitioner types in bold* can use +99354 only in conjunction with 90837.
+99355	Each additional 30 minutes (list separately in addition to code for prolonged service). Use in conjunction with 99354. only in conjunction with 90837.
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services, 15 to 30 minutes.
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services, over 30 minutes.
Q3014	Telehealth Facility Fee note: The originating site, with the consumer present, may bill code Q3014 (telemedicine originating site facility fee).
+90785	Interactive complexity (list separately in addition to the code for primary procedure). <i>(Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an E&amp;M service [90833, 90836, 90838, 99201-99255, 99304-99337, 99341-99350], and group psychotherapy [90853].)</i> <i>(Do not report 90785 in conjunction with 90839, 90840, or in conjunction with E&amp;M services when no psychotherapy service is also reported.)</i> <i>Licensed practitioners only.</i>
90832	Psychotherapy, 30 minutes with patient and/or family member. <i>Licensed practitioners only for substance abuse program.</i>
90834	Psychotherapy, 45 minutes with patient and/or family member.
90837	Psychotherapy, 60 minutes with patient and/or family member. <i>Licensed practitioners only for substance abuse program.</i>
90839	Psychotherapy for crisis; first 60 minutes. <i>Licensed practitioners only for substance abuse program must be part of certified crisis program.</i>
+90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service). <i>(Use 90840 in conjunction with 90839.)</i> <i>Licensed practitioners only for substance abuse program must be part of certified crisis program.</i>
90846	Family psychotherapy (without the patient present).

	<i>Licensed practitioners only for substance abuse program.</i>
90847	Family psychotherapy (conjoint psychotherapy) (with patient present). <i>Licensed practitioners only for substance</i>
90849	Multiple-family group psychotherapy.
90853	Group psychotherapy (other than of a multiple-family group).
H0001	Alcohol and/or drug assessment. (ASAM Level .5 or 1).
H0001	Alcohol and/or drug assessment, Home/Community. (ASAM Level .5 or 1).
H0004	Behavioral health counseling and therapy (ASAM Level .5 or 1). <b>Note:</b> Utilize HR and HS modifiers as needed for family/couple therapy.
H0004	Behavioral health counseling and therapy (ASAM Level .5 or 1), Home/Community. <b>Note:</b> Utilize HR and HS modifiers as needed for family/couple therapy.
H0005	Alcohol and/or drug services, group counseling by a clinician (ASAM Level 1). <b>Note:</b> Utilize HR and HS modifiers as needed for family/couple therapy.
H0005	Alcohol and/or drug services, group counseling by a clinician (ASAM Level 1), Home/Community. <b>Note:</b> Utilize HR and HS modifiers as needed for family/couple therapy.
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM).
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM). <b>Room and board note:</b> MMIS will not process — not Medicaid.
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM).
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM). <b>Room and board note:</b> MMIS will not process — not Medicaid.
H0012	Alcohol and/or drug abuse service; subacute detoxification (residential addiction program outpatient)

	(Level 2-WM 23-hour).
H0014	Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM). Registered Nurse
H0014	Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM). Unlicensed Practitioner
H0015	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education
	Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week. Without a modifier, this will be hourly and only may be billed for individuals under the age of 18.
H0015	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education.
	Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week.
	Unlicensed
H0015	<b>**Refer to billing guidance within section 3.4 and 3.5</b>
	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education.
	Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week.
	Licensed <b>**Refer to billing guidance within section 3.4 and 3.5</b>
H0015	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education, Home/community.
	Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week.
	Unlicensed <b>**Refer to billing guidance within section 3.4 and 3.5</b>
H0015	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education.
	Level 2.5 a minimum of 20 contact hours per week; a minimum of contact 3 days per week.



	Unlicensed <b>**Refer to billing guidance within section 3.4 and 3.5</b>
H0015	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education, Home/Community.
	Level 2.5 a minimum of 20 contact hours per week; a minimum of contact 3 days per week.
	Unlicensed <b>**Refer to billing guidance within section 3.4 and 3.5</b>
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed or certified program). (Limited to one per day.)
	<b>Note:</b> MA-OTPs may bill this code.
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed or certified program). (Limited to one per day.)
	<b>Note:</b> MA-OTPs may bill this code.
H0038	Self-help/peer services, substance abuse program.
	Alcohol and/or other drug testing: collection and handling only, specimens other than blood.
H0048	Collection and handling of specimens (UAs) for alcohol/drug analysis. To ensure the integrity of the specimen a chain of custody from the point of collection throughout the analysis process is necessary. Service frequency is limited based on medical necessity. <b>***Refer to billing guidance at the end of the section</b>
	Alcohol and/or drug abuse halfway house services, per diem (Level 3.1).
H2034	Alcohol and/or drug abuse halfway house services, per diem (Level 3.1). <b>Room and Board Note:</b> MMIS will not process — not Medicaid.
H2036	Alcohol and/or drug treatment program, per diem (Level 3.3 – cognitive impairment).
H2036	Alcohol and/or drug treatment program, per diem  (Level 3.5 – no cognitive impairment).
	Alcohol and/or drug treatment program, per diem (Level 3.7).
H2036	Alcohol and/or drug treatment program, per

	diem.
	: MMIS will not
	process — not Medicaid.
J0571	Buprenorphine, oral, 1 mg
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg <b>Note:</b> Do not enter cubic centimeter (cc) volume
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg <b>Note:</b> Do not enter cubic centimeter (cc) volume
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg <b>Note:</b> Do not enter cubic centimeter (cc) volume
J0575	Buprenorphine/naloxone, oral, greater than 10 mg <b>Note:</b> Do not enter cubic centimeter (cc) volume.
J2315	Injection, naltrexone, depot form, 1 mg <b>Note: Do not enter cubic centimeter (cc) volume</b>
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit. This code may only be used for the following medication assisted therapies: buprenorphine (SUBUTEX®), buprenorphine and naloxone (SUBOXONE®), by an alcohol and drug provider type. Frequency max 7 administrations per week (1 unit–1 administration). No modifier = oral. Note: MA-OTP may bill this code.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.

	99211 HE for injection of MH medications, including long-acting and acute forms of anti-psychotic medications and medications used to treat acute side effects of antipsychotic medications (e.g., haloperidol, risperidone, benztropine).
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services. For Vivitrol up to 1 time per month.
H2011	CI service, per 15 minutes, (mobile crisis team).
S9485	CI mental health services, per diem.
H2011	CI service, per 15 minutes, (mobile crisis team).

**ADDITIONAL INFORMATION**

More information can be found in the Delaware Adult Behavioral Health Service Certification and Reimbursement Provider Specific Policy Manual, which can be accessed here:

<https://medicaidpublications.dhss.delaware.gov/docs>