

Service Code Group Matrix

Provider Services

Group Number-Description	Billed Code/Authorization	Special Instructions
1-Initial Hospital	99221, 99222, 99223, 99234, 99235, 99236, 90801	
2-Subsequent Hospital/Partial/Residential Care	99231, 99232, 99233, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829	
3-Observations	99217, 99218, 99219, 99220, 99234, 99235, 99236	
4-Hospital Discharge Service	99238, 99239	
5-Initial Inpatient/ER Consultation	99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 961	
6-Home Service/Autism In-Home Services	99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350	Multiple units for several DOS on 1 claim
7-Outpatient Initial Service	90801, 90802, H0001, H0002, H0031, 900, 90899, 90801-GT	
8-Outpatient Therapy Service	90804, 90806, 90808, 90810, 90812, 90814, 90846, 90847, H0004, H2000, H2003, H2010, H2011, H2017, H2018, H2019, H2020, 90804-GT, 90806-GT	
9-Group Therapy	90849, 90853, 90857, 915, H0005	
10-Medication Check	90862, 90862-GT	90862 does NOT cover 90805, 90807, etc as of 11-1-09
11-Outpatient Medication with Therapy	90805, 90807, 90809, 90811, 90813, 90815, H2010, H0033, 90805-GT, 90807-GT	
12-Methadone/Suboxone	H0020, H0033	
13-Office Visits	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	
14-Nursing Facility Service	99304, 99305, 99306, 99307, 99308, 99309, 99310	
15-Alcohol and Drug Abuse (IP & OP services)	H0001, H0002, H0004, H0005, H0007, H0008, H0009, H0010, H0011, H0012, H0013, H0014, H0015, H0020, H0021, H0050	
16-Psychological Testing	96101, 96102, 96103	
17-Neuropsychological Testing	96116, 96118, 96119, 96120	

Service Code Group Matrix

Facility Services		
Group Number-Description	Billed Code/Authorization	Special Instructions
18-Health & Behavior Assessmts	96150, 96151, 96152, 96153, 96154, 96155	
19-Domiciliary Services	99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337	
20-Injections	J0515, J2680, J1630, J1631, J3486, J2794, J3310, J3400, J3410	
21- ECT (Psychiatrist fee)	90870	
Inpatient Psych	114, 124, 134, 144, 154, 204	
Inpatient Detox	116, 126, 136, 146, 156, H0009	
Inpatient Rehab	118, 128, 138, 148, 158	
Ambulatory Detox/Outpatient Detox	H0014	
Observation/23 hour hold	760, 761, 762, 769	
Partial Hospitalization or PHP-half day	912	*If 913 is auth'd, it will cover the 912
Partial Hospitalization or PHP-full day	913	*If 912 is auth'd, it will NOT cover the 913
ISOP/IOP-Intensive (Structured) Outpatient Program	905, 906, 915, H0015	
Psychiatric ER Consult	961, 900	
Residential Program - Psychiatric	1001, H0017, H0018, H0019	
Residential Program – CD	1002, H0011, H0010	
ECT-Anesthesia	901	