

Optum Primary Modifier Guidance for Alaska Medicaid Community Behavioral Health Services 7.1.2020

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2
Behavioral Health Screen	T1023		
Behavioral Health Screen	T1023	95 or GT - Telehealth	
Alcohol and/or Drug Assessment	H0001		
Alcohol and/or Drug Assessment	H0001	95 or GT - Telehealth	
Mental Health Intake Assessment	H0031		
Mental Health Intake Assessment	H0031	95 or GT - Telehealth	
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH	
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH	95 or GT - Telehealth
Psychiatric Assessment - Diag Eval	90791		
Psychological Testing	96136-HO	HO	
Psychological Testing	96136-HO	HO	95 or GT - Telehealth
Psychological Testing	96137-HO	HO	
Psychological Testing	96137-HO	HO	95 or GT - Telehealth
Psychological Testing	96130-HO	HO	
Psychological Testing	96131-HO	HO	
Neuropsychological Testing	96136-HP	HP	
Neuropsychological Testing	96136-HP	HP	95 or GT - Telehealth
Neuropsychological Testing	96137-HP	HP	
Neuropsychological Testing	96137-HP	HP	95 or GT - Telehealth
Neuropsychological Testing	96132-HP	HP	
Neuropsychological Testing	96133-HP	HP	
Psychotherapy, Individual	90832		
Psychotherapy, Individual	90832	95 or GT - Telehealth	
Psychotherapy, Individual	90834		
Psychotherapy, Individual	90834	95 or GT - Telehealth	
Psychotherapy, Individual	90837		
Psychotherapy, Individual	90837	95 or GT - Telehealth	
Psychotherapy, Family (w/o patient present)	90846		
Psychotherapy, Family (w/o patient present)	90846	95 or GT - Telehealth	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	95 or GT - Telehealth
Psychotherapy, Family (with patient present)	90847		
Psychotherapy, Family (with patient present)	90847	95 or GT - Telehealth	
Psychotherapy, Family (with patient present)	90847-U7	U7	
Psychotherapy, Family (with patient present)	90847-U7	U7	95 or GT - Telehealth

Optum Primary Modifier Guidance for Alaska Medicaid Community Behavioral Health Services 7.1.2020

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2
Psychotherapy, Multi-family group	90849		
Psychotherapy, Multi-family group	90849	95 or GT - Telehealth	
Psychotherapy, Multi-family group	90849-U7	U7	
Psychotherapy, Multi-family group	90849-U7	U7	95 or GT - Telehealth
Psychotherapy, Group	90853		
Psychotherapy, Group	90853	95 or GT - Telehealth	
Psychotherapy, Group	90853-U7	U7	
Psychotherapy, Group	90853-U7	U7	95 or GT - Telehealth
Comprehensive Medication Services	H2010		
Comprehensive Medication Services	H2010	95 or GT - Telehealth	
Short-term Crisis Intervention Service	S9484		
Short-term Crisis Intervention Service	S9484	95 or GT - Telehealth	
Short-term Crisis Intervention Service	S9484-U6	U6	
Short-term Crisis Intervention Service	S9484-U6	U6	95 or GT - Telehealth
Short-term Crisis Stabilization Service	H2011		
Short-term Crisis Stabilization Service	H2011	95 or GT - Telehealth	
Case Management	T1016		
Case Management	T1016	95 or GT - Telehealth	
Therapeutic BH Services - Individual	H2019		
Peer Support Services - Individual	H0038		
Therapeutic BH Services - Group	H2019-HQ	HQ	
Therapeutic BH Services - Family (with patient present)	H2019-HR	HR	
Therapeutic BH Services - Family (w/o) patient present)	H2019-HS	HS	
Peer Support Services - Family (with patient present)	H0038-HR	HR	
Peer Support Services - Family (w/o patient present)	H0038-HS	HS	
Comprehensive Community Support Services - Individual	H2015		
Comprehensive Community Support Services - Individual	H2015	95 or GT - Telehealth	
Peer Support Services - Individual	H0038		
Comprehensive Community Support Services - Group	H2015-HQ	HQ	
Comprehensive Community Support Services - Group	H2015-HQ	HQ	95 or GT - Telehealth
Day Treatment for Children (combined mental health & school district resources)	H2012		
Recipient Support Services	H2017		
Treatment Plan Review for Methadone Recipient	T1007		
Oral Medication Administration, direct observation; on premises	H0033		

Optum Primary Modifier Guidance for Alaska Medicaid Community Behavioral Health Services 7.1.2020

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2
Oral Medication Administration, direct observation; off premises	H0033-HK	HK	
Methadone Administration and/or service	H0020		
Ambulatory Detoxification	H0014		
Clinically Managed Detoxification	H0010		
Medically Managed Detoxification	H0011		
Medical Evaluation for Recipient NOT Receiving Methadone Treatment	H0002		
Medical Evaluation for Recipient Receiving Methadone Treatment	H0002-HF	HF	
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408		
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408	95 or GT - Telehealth	
Daily Behavioral Rehabilitation Services	H0018		
Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	H0047		
Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity	H0047-TF	TF	
Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	H0047-TG	TG	