

Optum Primary Modifier Guidance for Alaska Medicaid Community Behavioral Health Services 7.1.2021

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2	Modifier #3
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	XE, XP, or XU		
Psychiatric Assessment - Diag Eval	90791	95 or GT - Telehealth	XE, XP, or XU	
Psychological Testing	96136-HO	HO	XE, XP, or XU	
Psychological Testing	96136-HO	HO	95 or GT - Telehealth	XE, XP, or XU
Psychological Testing	96137-HO	HO	XE, XP, or XU	
Psychological Testing	96137-HO	HO	95 or GT - Telehealth	XE, XP, or XU
Psychological Testing	96130-HO	HO	XE, XP, or XU	
Psychological Testing	96131-HO	HO	XE, XP, or XU	
Neuropsychological Testing	96136-HP	HP	XE, XP, or XU	
Neuropsychological Testing	96136-HP	HP	95 or GT - Telehealth	XE, XP, or XU
Neuropsychological Testing	96137-HP	HP	XE, XP, or XU	
Neuropsychological Testing	96137-HP	HP	95 or GT - Telehealth	XE, XP, or XU
Neuropsychological Testing	96132-HP	HP	XE, XP, or XU	
Neuropsychological Testing	96133-HP	HP	XE, XP, or XU	
Psychotherapy, Individual	90832	XE, XP, or XU		
Psychotherapy, Individual	90832	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Individual	90834	XE, XP, or XU		
Psychotherapy, Individual	90834	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Individual	90837	XE, XP, or XU		
Psychotherapy, Individual	90837	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Family (w/o patient present)	90846	XE, XP, or XU		
Psychotherapy, Family (w/o patient present)	90846	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	XE, XP, or XU	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	95 or GT - Telehealth	XE, XP, or XU
Psychotherapy, Family (with patient present)	90847	XE, XP, or XU		
Psychotherapy, Family (with patient present)	90847	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Family (with patient present)	90847-U7	U7	XE, XP, or XU	
Psychotherapy, Family (with patient present)	90847-U7	U7	95 or GT - Telehealth	XE, XP, or XU
Psychotherapy, Multi-family group	90849	XE, XP, or XU		
Psychotherapy, Multi-family group	90849	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Multi-family group	90849-U7	U7	XE, XP, or XU	
Psychotherapy, Multi-family group	90849-U7	U7	95 or GT - Telehealth	XE, XP, or XU
Psychotherapy, Group	90853	XE, XP, or XU		
Psychotherapy, Group	90853	95 or GT - Telehealth	XE, XP, or XU	

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Psychotherapy, Group	90853-U7	<b>U7</b>	XE, XP, or XU	
Psychotherapy, Group	90853-U7	<b>U7</b>	95 or GT - Telehealth	XE, XP, or XU
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	<b>U6</b>		
Short-term Crisis Intervention Service	S9484-U6	<b>U6</b>	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	<b>HQ</b>		
Therapeutic BH Services - Family (with patient present)	H2019-HR	<b>HR</b>		
Therapeutic BH Services - Family (w/o) patient present)	H2019-HS	<b>HS</b>		
Peer Support Services - Family (with patient present)	H0038-HR	<b>HR</b>		
Peer Support Services - Family (w/o patient present)	H0038-HS	<b>HS</b>		
Peer Support Services - Individual	H0038			
Day Treatment for Children (combined mental health & school district resources)	H2012			
Treatment Plan Review for Methadone Recipient	T1007			
Oral Medication Administration, direct observation; on premises	H0033			
Oral Medication Administration, direct observation; off premises	H0033-HK	<b>HK</b>		
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	<b>HF</b>		
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408	XE, XP, or XU		
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408	95 or GT - Telehealth	XE, XP, or XU	
Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	H0047			
Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity	H0047-TF	<b>TF</b>		
Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	H0047-TG	<b>TG</b>		