Service Table 1-Assessment Codes

Assessment means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes one or more of the following: mental status determination, analysis of the beneficiary's clinical history, analysis of relevant biopsychosocial and cultural issues and history, diagnosis and the use of testing procedures. The codes below should be used when billing for an assessment service.

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes **Note:** The below **outpatient** services are locked out against inpatient and 24-hour services except for the date of admission.	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Nursing Assessment/Evaluation, 15 Minutes	T1001	• Psychiatric Technician • NP or CNS (Certified) • RN • LVN	All except 09	No	No	No	96	HK HL HV HW SC
Comprehensive Multidisciplinary Evaluation, 15 Minutes	H2000	All disciplines found in Table 1, including non-licensed practitioners	All except 09	No	No	No	96	GC HK HL HV HW SC

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes **Note:** The below **outpatient** services are locked out against inpatient and 24-hour services except for the date of admission.	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Mental Health Assessment by Non-Physician, 15 Minutes	H0031	• Pharmacist • PhD/PsyD (Licensed or Waivered) • LCSW (Licensed, Registered or Waivered) • MFT (Licensed, Registered or Waivered) • PCC (Licensed or Registered) • Psychiatric Technician • PA • NP or CNS (Certified)	All except 09	No	No	No	96	HK HV HW SC

*Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.

**Except with modifiers 27, 59, XE, XP, XU. Modifiers have to be on the target or excluded service.

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