

Individual Plan of Care (IPOC) / Individual Treatment Plan

Discrete Services

H0001 AOD Assessment without Physical (Initial)
H0001-TS AOD Assessment without Physical (Follow-Up)
50001-U2 AOD Nursing Services
99408 AOD Screening and Brief Intervention
H2011 (Unit=15 min) Crisis Intervention (Face-to-Face)
H2011-HF (Unit=15 min) Crisis Intervention (Telephonically)
90846 Family Psychotherapy without Patient Present
90847 Family Psychotherapy with Patient Present
S9482 (Unit=15 min) Family Support
90853 Group Psychotherapy (other than Multiple Family Group Therapy)
90833 (Unit=45 min) Individual Psychotherapy with E&M Services
90836 (Unit=60 min) Individual Psychotherapy with E&M Services
90832 (Unit=30 min) Individual Psychotherapy
90834 (Unit=45 min) Individual Psychotherapy
99203 Medical Evaluation and Management for a New Client
99213 Medical Evaluation and Management for an Established Client
96372 Medication Administration (for Vivitrol)
H0034 (Unit=15 mins) Medication Training and Support (Face-to-Face)
J2315 Naltrexone (Vivitrol) Injection
H0038 (Unit=15 mins) Peer Support Services (Individual)
H0038-HQ (Unit=15 mins) Peer Support Services (Group)
90792 Psychiatric Diagnostic Interview
96102 Psychological Testing
96101 Psychological Testing & Evaluation
H2017 Rehabilitative Psychosocial Services (Individual)
H2017-HA Rehabilitative Psychosocial Services (ages 0-7)
H2017-HQ Rehabilitative Psychosocial Services (Group)
99366 Service Plan Development with Client Present
99367 Service Plan Development without Client Present
H0004 Substance Abuse Counseling (Individual)
H0005 Substance Abuse Counseling (Group)

Bundled Services

(Level III.2 - D) **H0010** Clinically Managed Residential Detox
(Level III.7 - D) **H0011** Medically Monitored Inpatient Detox
(Level III.5 - R) **H0019** Clinically Managed Medium-Intensity Residential Services
(Level III.7 - R) **H0018** 21 & over – Medically Monitored High-Intensity Residential/Inpatient Treatment
(Level III.7 - RA) **H0018/HA** Less than 21 – Medically Monitored High-Intensity Residential/Inpatient Treatment
(Level II.5) **H2035** Day Treatment / Partial Hospitalization
(Level II.1) **H0015** Intensive Outpatient Treatment