



## Sage-PCNX Progress Note Guide

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### Overview

The Progress Note form combines all the necessary fields from the Progress Notes (BIRP/GIRP/SIRP/SOAP) and the Miscellaneous Note Options to one (1) comprehensive progress note. This allows all clinical notes to be entered on the same form instead of multiple options. This change was in part due to California Advancing and Innovating Medi-Cal (CalAIM) Documentation Reform which no longer required the BIRP/GIRP/SIRP/SOAP format, as well as CalAIM Payment Reform which necessitated additional fields to help billers appropriately capture all services rendered.

When Sage ProviderConnect NX (PCNX) went LIVE on September 12, 2023, providers lost the ability to write/edit the BIRP/GIRP/SIRP/SOAP Progress Notes or Miscellaneous Note Options forms. These forms are available in read-only format for viewing historical records.

The Progress Note was updated significantly on April 3, 2024, based on enhancement requests and alignment with State guidelines. This guide reviews what the form looks like, what the available fields are, how to complete the form, and highlights differences between the current and previous form version.

### Format

The formatting of the note was reconfigured to accommodate new/updated fields and removal of the Documentation Time sub section. The Progress Note is made up of one (1) section and five (5) subsections that are noted on the left-hand side of the form.

The screenshot shows the 'PROGRESS NOTE' form. On the left is a sidebar with a red box around the 'Progress Note' section, which includes links for 'Service Detail', 'Travel Time', 'Group Detail', 'Note', and 'Supplemental/Additional Services'. The main form area contains several fields: 'Date of Service' with a calendar icon and year selector; 'Program' with a search icon; 'Service Start Time' and 'Service End Time' both with 'Current Time' buttons and AM/PM dropdowns; and 'Service Duration (minutes)' with a lightbulb icon.

The first section of the form relates to general information about the service. Service Duration was added to more accurately capture the specific direct service time rendered. A lightbulb was added to this new field to provide additional details as to what should be counted as part of duration.

When the lightbulb is clicked the screen will reflect the image below. To exit the screen, click on the upper left-hand hyperlink **Return to Form**

The screenshot shows a pop-up window titled 'Service Duration (minutes)'. It features an information icon (i) in the top left. A red box highlights a 'Return to Form' link. Below the link is a paragraph of text explaining that service duration is the total number of minutes providing direct patient care, and it lists what is included and excluded from this calculation.

Subsections:

**Service Detail:** is a reformatted section to include detailed information about the type of service that was rendered.

**Travel Time** is a conditionally required section if the rendered service is Field Based.

**Group Detail** is conditionally required if the Note Type is Residential Group or Non-Residential Group.

**Note** is where the body of note will be written.

**Supplemental/Additional Services** was added to assist billers identify if supplemental services were rendered.

*\*Note: the Documentation Time sub section was removed from the Progress Note form as it is no longer required by the State.*

## Field Description

The following table lists each of the fields found on the Progress Note form. A description is provided to help users identify how to fill in the fields and explain what values for single select fields.

Field	Description
Date of Service	<b>Required.</b> Enter the date the service was provided. Future date entries are not permitted.
Program	<b>Required.</b> Enter the Provider Program service location for the service. Typically, this is the site location associated with the Authorization. The Provider Program entered is what will be used for billing for Primary Sage users.
Service Start Time	<b>Required.</b> Enter the start time of the service provided.
Service End Time	<b>Required.</b> Enter the time the service ended.

<b>Service Duration (minutes)</b>	<p><b>Required.</b></p> <p>Service duration is the total number of minutes providing direct patient care. This should not be rounded up to 15 minute increments, but reflect the actual time rendering the service. The lightbulb next to the field provides additional explanation of what qualifies as direct patient care.</p> <p>This field will only accept integers with no additional characters including spaces</p>
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Service Detail

**Method of Service Delivery \***

Face-to-Face       Field Based Services  
 Telehealth         Telephone  
 Not Applicable

**Service Type \***

Select x v

**Note Type \***

Individual             Family  
 Crisis                     Non-Residential Group  
 Residential Group     Non-Billable

**Procedure Code (CPT/HCPCS)**

Select x v

**Was Client Present? \***

Yes                       No

**Provider Name \***

Q

**Provider Name (Optional)**

Q

**Location \***

Select x v

This is a new sub section of the form that groups details of the service which will assist in the billing process.

SERVICE DETAIL	
<b>Method of Service Delivery</b>	<p><b>Required.</b></p> <p>Select the value that corresponds to how the service was delivered.</p> <ul style="list-style-type: none"> <li><b>Face-to-Face:</b> Select if meeting with the patient in person.</li> <li><b>Field Based Services:</b> This should only be selected by authorized Field Based Service (FBS) providers.</li> <li><b>Telehealth:</b> Select if service was provided via synchronous video/audio format.</li> <li><b>Telephone:</b> Select if session occurred telephonically.</li> <li><b>Not Applicable:</b> Typically, this will be associated with non-billable Note Types.</li> </ul> <p><i>*Note: The modifiers have been removed as telehealth modifiers are different under payment reform.</i></p>
<b>Note Type</b>	<p><b>Required.</b></p> <p>Select the type of service that was provided:</p> <ul style="list-style-type: none"> <li><b>Individual:</b> For all services provided with only the patient present or when the patient was not present for care coordination or collateral services.</li> <li><b>Crisis:</b> For crises related to substance use only.</li> <li><b>Residential Group:</b> This option is used to document any group or patient education provided in a residential treatment center.</li> <li><b>Family:</b> Used for family counseling or therapy.</li> <li><b>Non-Residential Group:</b> This option is used to document all groups or patient education sessions in Outpatient, IOP, WM1.0, WM 2.0, Recovery Services, and OTP settings.</li> <li><b>Non-Billable:</b> Information note that should be documented but can't be billed (e.g., No Show, Leaving voicemail).</li> </ul>

<b>Was Client Present?</b>	<p><b>Required.</b></p> <p>This field was added due to some combinations of Method of Service Delivery, Note Type, and/or Service Typewere not accurately capturing whether a patient was present or not.</p>
<b>Service Type</b>	<p><b>Required.</b></p> <p>In conjunction with the Note Type, this field specifies the actual service that was delivered and is required for billers to identify which billing code to select.</p> <p>Key types:</p> <ul style="list-style-type: none"> <li>• <b>Assessment</b>- Select this to document any assessment services completed, including the ASAM and Intake information.</li> <li>• <b>Care Coordination</b>- Select this to document all Care Coordination services.</li> <li>• <b>Counseling</b>- typically for non LPHAs to document any counseling service provided. Used for either individual or group counseling as identified under Note Type.</li> <li>• <b>Education</b>- When in conjunction with Group Note type, this will provide billers the needed distinction between a patient education group vs counseling group.</li> <li>• <b>Medical Necessity Justification</b>- Select this to document Medical Necessity as required by the Provider Manual and Drug Medi-Cal. <i>*Note: Utilization Management (UM) will specifically be looking for this Service Type when reviewing Authorization Service Requests and reauthorizations.</i></li> <li>• <b>Peer Services</b> - Only for certified Medi-Cal Peer Support Specialists (CMPSS) to document peer related services.</li> <li>• <b>Therapy</b>- only for LPHAs to document family therapy. <i>* Note: Family therapy is the only billable therapy type under CalAIM. If individual therapy is provided, it can still be documented, but it is non-billable and non-Billable should be selected under Note Type.</i></li> </ul> <p>See <a href="#">Appendix A</a> for full list of Service Types.</p>
<p><b>Procedure Codes (CPT/HCPCS)</b></p> <p><b>Formerly:</b> LPHA Specific Procedure (Only for LPHA use of CPT procedures)</p>	<p>This field was expanded to list all primary CPT/HCPCS base procedure codes available to peers, counselors, clinicians, and medical practitioners. The purpose of this field is to allow specificity of the service that was rendered, so billing could be more accurately captured.</p> <p>Although this field is not a forced required field, it should be filled out in most circumstances. Examples where this field would be left blank would be for a non-billable voicemail as there is not currently a procedure code that could describe that service.</p> <p>Users are highly encouraged to review the most recent <a href="#">Rate and Standards Matrix</a> which has a full list of codes, who is allowed to bill them, and rules for those codes.</p> <p>For a full list of available codes, see <a href="#">Appendix C</a></p>

<b>Location</b>	<p><b>Required.</b></p> <p>Enter the location value where the service was provided. This list has been expanded by DHCS under CalAIM, however, providers must ensure they are contractually permitted to provide services at those locations.</p> <p>This is the location of the PATIENT during the service, not where the performing provider delivered the service, if different than the patient.</p> <p>Common locations:</p> <ul style="list-style-type: none"> <li>Residential Sub. Abuse Treatment Fac (ASAMs 3.1, 3.2, 3.3, 3.5)</li> <li>Non-residential Substance Abuse Treatment Facility (ASAMs 0.5, 1.0, 2.1, Recovery Services, Contingency Management)</li> <li>Non-residential Opioid Treatment Fac. (ASAM OPT)</li> <li>Telehealth</li> <li>Home (Field Based Services Only if done face to face)</li> </ul> <p>See <a href="#">Appendix B</a> for full list of locations, including descriptions. As a reminder only approved <a href="#">Field Based Service</a> sites may select non facility based/non-telehealth location.</p>
<b>Provider Name</b>	<p><b>Required.</b></p> <p>Enter the staff who rendered the service.</p>
<b>Provider Name (Optional)</b>	<p>Enter the name of a secondary staff present at the service, such as a group co-facilitator.</p>

**Travel Time**

**Date of Travel \***  📅 T Y **Field Based Service Location \***  📄

**Time to Destination**

**Time to Destination Start Time \***  Current Time H M AM/PM **Time to Destination End Time \***  Current Time H M AM/PM

**Time from Destination**

**Time from Destination Start Time \***  Current Time H M AM/PM **Time from Destination End Time \***  Current Time H M AM/PM

TRAVEL TIME	This section is conditionally required for Field Based Services
<b>Date of Travel</b>	This should be the same date as the date of service.
<b>Field Based Service Location</b>	As Field Based Services are expanding, SAPC is tracking specifically where services are rendered. Field Based Service locations must be approved by SAPC. Enter the approved location address and/or name (e.g., school name).
<b>Time to Destination Start Time</b>	Enter the start time when heading to the session location. <i>Note: If no travel occurred entered the exact same time in the Start Time and End Time fields.</i>
<b>Time to Destination End Time</b>	Enter the time when session location is reached. <i>Note: If no travel occurred entered the exact same time in the Start Time and End Time fields.</i>

<b>Time from Destination Start Time</b>	Enter the time when leaving the session location. <i>Note: If no travel occurred entered the exact same time in the Start Time and End Time fields.</i>
<b>Time from Destination End Time</b>	Enter the time when next destination is reached. <i>Note: If no travel occurred entered the exact same time in the Start Time and End Time fields.</i>

**Group Detail**

Number of Counselors in Group

Number of Clients in Group

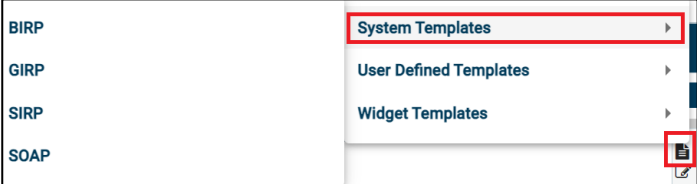
Residential Group Details Only

Total Session Time       Number of Sessions

GROUP DETAIL	This section is conditionally required for Group type services
<b>Number of Counselors in Group</b>	Enter the number of staff in group. <i>Note: Residential Groups documented by session must fill this out.</i>
<b>Number of Clients in Group</b>	Enter the number of patients in group. <i>Note: Residential Groups documented by session must fill this out.</i>
<b>Total Session Time</b>	FOR RESIDENTIAL GROUPS ONLY If documenting aggregate sessions for the day, enter the total session time for the patient.
<b>Number of Sessions</b>	FOR RESIDENTIAL GROUPS ONLY If documenting aggregate sessions for the day, enter the number of sessions attended by the patient.

**Note**

Note \*

<b>NOTE:</b>	<b>Free text box like the Miscellaneous Note</b>
<b>Note</b>	<p>Enter the summary of the session.</p> <p>BIRP, GIRP, SIRP, SOAP are no longer required by DHCS. If you need to use them for CARF or Joint Commission reasons, templates are available:</p>  <p>Click on the dark page icon to the right of the Note free text box, then click System Templates, then select the preferred format: BIRP, GIRP, SIRP, or SOAP.</p>

**Supplemental/Additional Services**

**If patient's preferred language is NOT English, were services provided in the patient's preferred language? \***

N/A     Yes     No

**Was an interpreter used? \***

Yes     No

Language in which service was provided:

Name of interpreter or service used:

Please Explain why services were not provided in patient's preferred language.

**Was a supplemental service provided in addition to the primary service? \***

Yes     No

Duration of Supplemental Service in minutes (cannot exceed the service time):

Supplemental Service (select all that apply)

- Sign Lang./ Oral Interpreter (T1013)
- Interactive Complexity (90785)
- Interpret Expln of Results (90887)
- Hlth Bx Int, family w/o pt (96170/96171)

Co-Signature Use Only - Draft Ready to Submit?

Yes

**Form Status \***

Draft     Final

<b>SUPPLEMENTAL/ ADDITIONAL SERVICES</b>	<b>This section was added to ensure billers are capturing additional billable services on top of the primary services.</b>
<b>If Patient's preferred language is NOT English, were services provided in the patient's preferred language?</b>	<p><b>Required.</b></p> <p>Select <b>N/A</b> if the patient's preferred language is English.</p> <p>Select <b>Yes</b> if services were provided in the patient's preferred language.</p> <p>Select <b>No</b> if services were NOT provided in the patient's preferred language.</p>

<b>Language in which service was provided</b>	If previous question's answer was <b>Yes</b> , this field is conditionally required.  Select in what language the service was provided.
<b>Please explain why services were not provided in patient's preferred language</b>	If previous question's answer was no, this field is conditionally required.  Indicate why services were not provided in patient's preferred language.
<b>Was an interpreter used?</b>	<b>Required.</b> Indicate if a third party was present to serve as an interpreter. This could be another employee or a professional service.  <i>Note: If the rendering practitioner is communicating in the same language as the patient, it is NOT interpretation.</i>
<b>Name of interpreter of service used</b>	Conditionally required if previous question was answered, <b>Yes</b> . Identify the person or service who interpreted the service.
<b>Was a supplemental service provided in addition to the primary service?</b>	This question is to assist billers in identifying if there are additional procedure codes that may be billed to the primary service.  There are four (4) types of supplemental services that are billable under Payment Reform <ul style="list-style-type: none"> <li>• Sign Language/Oral Interpreter - all practitioners</li> <li>• Interactive Complexity - LPHAs only</li> <li>• Interpretation of Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons - LPHAs only</li> <li>• Health Behavioral Intervention family without patient - LPHAs only</li> </ul> Users should select if any of these services were provided in addition to the primary service.
<b>Supplemental Service (Select all that apply)</b>	<ul style="list-style-type: none"> <li>• Sign Lang./Oral Interpreter (T1013): This is a HCPCS code and is not limited to LPHAs. <ul style="list-style-type: none"> <li>○ If an interpreter was used, check this box.</li> </ul> </li> <li>• Interactive Complexity (90785): This is a CPT code and can only be selected if the rendering provider is an (LE) LPHA. <ul style="list-style-type: none"> <li>○ This refers to communication difficulties during the session, such as the patient is significantly impaired in session. This may also occur when there are third parties present and there is a need to manage maladaptive communication amongst the participants.</li> <li>○ Cannot be billed with Sign Lang./Oral Interpreter or Health Behavioral Intervention family w/o patient.</li> </ul> </li> <li>• Interpret Expln of Results (90887): This is a CPT code and can only be selected if the rendering provider is an (LE) LPHA. <ul style="list-style-type: none"> <li>○ This is used when the provider is explaining results to the patient's family or whoever is legally responsible.</li> <li>○ Cannot be billed with Assessment or Supplemental Service: Health Behavioral Intervention family w/o patient.</li> </ul> </li> <li>• Health Behavioral Intervention family w/o patient (96170/96171): This is a CPT code and can only be selected if the rendering provider is an (LE) LPHA.</li> </ul>



	<ul style="list-style-type: none"> <li>○ This is where the provider meets with the family without the patient, providing counseling on “family dynamics and behaviors that adversely affect the patient’s physical health and coping behaviors.” (<a href="https://www.aapc.com/codes/cpt-codes/96170">https://www.aapc.com/codes/cpt-codes/96170</a>)</li> </ul>
<b>Duration of Supplemental Service in minutes (cannot exceed the service time)</b>	Enter the duration of the supplemental service. In particular for Health Behavioral Intervention family w/o patient (96170/96171), this will help the biller identify the correct code to bill.
<b>Co-Signature Use Only- Draft Ready to Submit?</b>	If an LPHA signature is required by policy, check this box off, which will populate a report to flag this note as ready for finalization
<b>Form Status</b>	Select <b>Draft</b> or <b>Final</b> .  <i>Note: Progress Notes finalized prematurely or in error, cannot be reverted to draft by the user. A Sage Help Desk ticket is required to request this form to be reverted to draft.</i>

## Auto Save Feature

With the upgrade to PCNX, SAPC has enabled an auto save feature on most clinical documentation forms. This feature automatically saves all data on the open form every 2 minutes. In the event the end user’s system crashes or the browser closes, the next time the user opens that same form, a pop up will display noting the time of the backup and asking to return to the form or create a new form. Users should select **Yes** to retrieve the data and continue on the same form.

? **Restore Backup Data**

You have an unsubmitted backup of this data record from 07/04/2023 09:59 PM. Do you wish to restore from the backup? Please note: selecting 'No' will direct you to the pre-display or form to edit existing rows or create new rows of data. The unsubmitted backup will be purged from the database.

**Yes** **No**

If **No** is selected, the previously autosaved data will be discarded permanently and either a blank form will open if this is the patient’s first note, or the user will be taken to the Progress Note Pre-Display.

Additionally, users can backup their data on the form at any point by clicking the **Backup** button. If the **Backup** button is not available, then the form is not configured with the autosave function.

Autosaved at 7:16 AM **Submit** **Backup** **Discard**

## Appendix A: Service Types

Service Types	Description
<b>Assessment</b>	Select this to document any assessment services completed, including the ASAM and Intake information.
<b>Care Coordination</b>	Select this to document all Care Coordination services.
<b>Case Conference/Review</b>	Select this to document Case Conference or chart reviews. (Please see the provider manual and current Rates and Standards to determine if this service is billable or Non-billable.)
<b>Collateral Contact</b>	Select this to document any contact with family, friends, or other significant persons in the patient's life as it relates to treatment or discharge services.  Care Coordination should be used for contact with other agencies, probation, DPSS etc., which are not considered collateral contacts.
<b>Consultation</b>	Select this to document any consultation services regarding the patient's treatment. Typically used for physician-to-physician consultation services.
<b>Contingency Management- UDT Stimulant Negative</b>	This is exclusively for Contingency Management providers. Select this if the UDT was negative for Stimulants, regardless of other test outcomes.
<b>Contingency Management- UDT Stimulant Positive</b>	This is exclusively for Contingency Management providers. Select this if the UDT was positive for Stimulants, regardless of other test outcomes.
<b>Counseling</b>	Typically for non LPHAs to document any counseling services provided. Used for either individual or group counseling as identified under Note Type
<b>Discharge Planning/Summary</b>	Select this to document any discharge planning during the patient's treatment and completion of the Discharge and Transfer form.
<b>Drug Testing</b>	Used to document Drug Testing services outside of Contingency Management.
<b>Education</b>	When in conjunction with Group note type, this will provide billers the needed distinction between a patient education group vs counseling group.
<b>Housing Plan</b>	Used when writing up a Housing Plan.
<b>Med Services- Admin and Observation</b>	Select when administering medication to a patient or observing a patient take their medication.
<b>Med Services- Training and Support</b>	Used for individual or group services where training and support around medication is rendered.
<b>Medical Necessity Justification</b>	Select this to document Medical Necessity at various stages of treatment when required for Admissions, Service Authorizations/Reauthorization as required by the Provider Manual and Drug Medi-Cal.
<b>Medication Handling/Safeguarding</b>	Select this to document Medication Handling in outpatient settings or Safeguarding medications in residential settings.

<b>Medication Services (MAT)</b>	Medication Services (MAT) are services provided by the physicians, NPs, PAs, or other providers able to prescribe Medications for Addiction Treatment.
<b>Naloxone Handling/Distribution</b>	Select when the service is handing or distributing Naloxone to the patient.
<b>No Show</b>	Select this option to document a patient No Show.
<b>Other</b>	This is used to cover any services not specifically listed in the Service Type categories.
<b>Peer Services -BH Prevention Education</b>	Only for certified Medi-Cal Peer Support Specialists to document behavioral health prevention education type services.
<b>Peer Services- Self Help</b>	Only for certified Medi-Cal Peer Support Specialists to document services targeting self-help strategies for the patient.
<b>Peer Support Services - Plan of Care</b>	Only for certified Medi-Cal Peer Support Specialists to document the Plan of Care development and review.
<b>Prenatal Care, at risk assessment</b>	A specific form of care coordination available to counselors and LPHAs.
<b>Problem List-Tx Plan Development/Review</b>	Select this to document treatment planning services, including development or review of the Problem List/Treatment Plan form.
<b>Recovery Services -Community support</b>	This includes services such as care coordination, recovery monitoring, and relapse prevention.
<b>Recovery Services- Psychosocial Rehab</b>	This includes services such as assessment, group and individual counseling, and family therapy.
<b>Residential- Mental Health Services</b>	Residential- Mental Health Services are all services targeting mental health symptoms while in a residential setting, which are typically under a Department of Mental Health contract, but not required. These services count toward the treatment hour requirement but are non-billable.
<b>Residential- Physical Health Services</b>	Residential- Physical Health Services are all services targeting the patient’s physical health symptoms while in a residential setting. These services count toward the treatment hour requirement but are non-billable.
<b>Residential- Support Services</b>	Please see <a href="#">SAPC IN 18-13</a> for additional details. Residential-Support Services include Alcohol/drug testing, Safeguarding Medications, Schooling for youth, and non-emergency transport.
<b>Residential- Therapeutic Services</b>	Please see <a href="#">SAPC IN 18-13</a> for additional details. Therapeutic services are organized activities outside of the treatment services provided to a patient which are typically community-based activities.
<b>Screening</b>	Select if an ASAM Co-Triage or Youth and Young Adult Screener was conducted.
<b>Therapy</b>	Exclusively for LPHA’s that have therapy within their scope of practice. As of FY 23/24 Family Therapy is the only DMC reimbursable therapy service.

## Appendix B: Location

Although DHCS has expanded the approved service locations/place of service under CalAIM payment reform, providers should ensure only SAPC approved locations are selected based on the provider's specific contract.

The most common and recommended locations are listed below.

Location Name	Description	Place of Service Code (For Billing)
<b>Residential Substance Abuse Treatment Facility</b>	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.	55
<b>Non-residential Substance Abuse Treatment Facility</b>	A location, which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.	57
<b>Non-residential Opioid Treatment Facility</b>	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).	58
<b>Telehealth Provided Other than in Patient's Home</b>	The location, other than in patient's home, where health services and health related services are provided or received, through a telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.	2
<b>Home</b>	Location, other than a hospital or other facility, where the patient receives care in a private residence.	12
<b>School</b>	A facility whose primary purpose is education	3

A complete alphabetical list of the all the service locations/Place of service according to the State are as follows:

Location Name	Description	Place of Service Code (For Billing)
Ambulance—Air or Water	An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.	42
<b>Ambulance—Land</b>	A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.	41
<b>Ambulatory Surgical Center</b>	A freestanding facility, other than a physician’s office, where surgical and diagnostic services are provided on an ambulatory basis.	24
<b>Assisted Living Facility</b>	Congregate residential facility with self-contained units providing assessment of each resident’s needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.	13
<b>Birthing Center</b>	A facility, other than a hospital’s maternity facilities or a physician’s office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.	25
<b>Community Mental Health Center (CMHC)</b>	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of CMHC’s mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.	53
<b>Comprehensive Inpatient Rehabilitation Facility</b>	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetic services.	61
<b>Comprehensive Outpatient Rehabilitation Facility</b>	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.	62

<b>Custodial Care Facility</b>	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.	33
<b>Emergency Room—Hospital</b>	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.	23
<b>End-Stage Renal Disease Treatment Facility</b>	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.	65
<b>Federally Qualified Health Center</b>	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.	50
<b>Group Home</b>	A residence with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g., medication administration).	14
<b>Home</b>	Location, other than a hospital or other facility, where the patient receives care in a private residence.	12
<b>Homeless Shelter</b>	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)	4
<b>Hospice</b>	A facility, other than a patient’s home, in which palliative and supportive care for terminally ill patients and their families are provided.	34
<b>Independent Clinic</b>	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.	49
<b>Independent Laboratory</b>	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician’s office.	81
<b>Indian Health Service Free-Standing Facility</b>	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.	5
<b>Indian Health Service Provider-Based Facility</b>	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.	6

<b>Inpatient Hospital</b>	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non- surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.	21
<b>Inpatient Psychiatric Facility</b>	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.	51
<b>Intermediate Care Facility/Individuals with Intellectual Disabilities</b>	A facility, which primarily provides health-related care and services above the level of custodial care to individuals with intellectual disabilities but does not provide the level of care or treatment available in a hospital or SNF.	54
<b>Mass Immunization Center</b>	A location where providers administer pneumococcal pneumonia or influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.	60
<b>Military Treatment Facility</b>	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).	26
<b>Mobile Unit</b>	A facility/unit that moves from place to place equipped to provide preventive screening, diagnostic, and/or treatment services.	15
<b>Non-residential Opioid Treatment Facility</b>	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).	58
<b>Non-residential Substance Abuse Treatment Facility</b>	A location, which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.	57
<b>Nursing Facility</b>	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities.	32
<b>Off Campus— Outpatient Hospital</b>	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.	19

<b>Office</b>	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.	11
<b>On-Campus Outpatient Hospital</b>	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and non- surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.	22
<b>Other Place of Service</b>	Other place of service not identified above.	99
<b>Pharmacy</b>	A facility where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.	1
<b>Place of Employment-Worksite</b>	A location, not described by any other Place of Service code, owned, and operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic, or rehabilitative services to the individual.	18
<b>Prison/Correctional Facility</b>	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.	9
<b>Psychiatric Facility— Partial Hospitalization</b>	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.	52
<b>Psychiatric Residential Treatment Center</b>	A facility or a distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.	56
<b>Public Health Clinic</b>	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.	71
<b>Residential Substance Abuse Treatment Facility</b>	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.	55



<b>Rural Health Clinic</b>	A certified facility, which is located in a rural medically underserved area, that provides ambulatory primary medical care under the direction of a physician.	72
<b>School</b>	A facility whose primary purpose is education	3
<b>Skilled Nursing Facility</b>	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.	31
<b>Telehealth Provided in Patient's Home</b>	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology	10
<b>Telehealth Provided Other than in Patient's Home</b>	The location, other than in patient's home, where health services and health related services are provided or received, through a telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.	2
<b>Temporary Lodging</b>	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other Place of Service code.	16
<b>Tribal 638 Free-Standing Facility</b>	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non- surgical), and rehabilitation services to tribal members who do not require hospitalization.	7
<b>Tribal 638 Provider-Based Facility</b>	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non- surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.	8
<b>Urgent Care Facility</b>	Location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.	20
<b>Walk-in Retail Health Clinic</b>	A walk-in retail clinic, other than an office, urgent care facility, pharmacy, or independent clinic and not described by any other Place of Service code that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.	17

## Appendix C: Procedure Code (CPT/HCPCS)

Below is a list of the available base procedure codes. These were obtained from the Rate and Standards Matrix and will be updated as the State add/removes/updates the available billing codes.

Procedure Code
Administration of patient-focused health risk assessment instrument (96160)
Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services) (H0001)
Alcohol and/or drug screening - No Admission(H0049-N)
Alcohol and/or drug screening(H0049)
Alcohol and/or Drug services methadone(H0020)
Alcohol and/or Drug Services, brief intervention, 15 minutes (Contingency Management Services) (H0050)
Alcohol and/or drug services: (residential addiction program outpatient). Subacute detoxification(H0012)
Alcohol and/or drug services; ambulatory detoxification(H0014)
Alcohol and/or drug services; crisis intervention (outpatient), (H0007)
Alcohol and/or drug services; group counseling by a clinician, 15 minutes. (H0005)
Alcohol and/or other drug testing- point of care tests (H0048)
Alcohol and/or substance abuse services, family/couple counseling(T1006)
Alcohol and/or substance abuse services, treatment plan development and/or modification. (T1007)
Behavioral health counseling and therapy, 15 minutes. (H0004)
Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior. (H0025)
Behavioral Health; Long Term Residential(H0019)
Comprehensive community support services, per 15 minutes(H2015)
Family Psychotherapy (Conjoint psychotherapy with Patient Present),50 minutes (90847)
Family Psychotherapy (Without the Patient Present), 50 minutes (90846)
Home Visit of a New Patient, 15-25 Minutes (99341)
Home Visit of a New Patient, 26-35 Minutes (99342)
Home Visit of a New Patient, 51-65 Minutes (99344)
Home Visit of a New Patient, 66-80 Minutes (99345)
Home Visit of an Established Patient, 10-20 Minutes (99347)

Home Visit of an Established Patient, 21-35 Minutes (99348)
Home Visit of an Established Patient, 36-50 Minutes (99349)
Home Visit of an Established Patient, 51-70 Minutes (99350)
Inter-Professional Telephone/Internet/ EHR Assessment by Consultative Physician (99451)
MAT Education(H2010M)
Medical Team Conference with Interdisciplinary Team Participation by Non- Physician (99368)
Medical Team Conference with Interdisciplinary Team Participation by Physician (99367)
Medication Handling/Safeguarding (other than naloxone) (H2010S)
Medication Training and Support, per 15 Minutes Residential(H0034R)
Medication Training and Support, per 15 Minutes(H0034)
Multiple-Family Group Psychotherapy, 15 Minutes (90849)
Naloxone Handling/Distribution (H2010N)
Office or Other Outpatient Visit of a New patient, 30- 44 Minutes (99203)
Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes (99204)
Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes (99205)
Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes (99212)
Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes (99213)
Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes (99214)
Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes (99215)
Office or Other Outpatient Visit of New Patient, 15-29 Minutes (99202)
Oral Medication Administration, Direct Observation, 15 Minutes(H0033)
Prenatal Care, risk assessment. (H1000)
Prep of report of patient's psych status, hx, txt, progress (90889)
Prescription Drug: Brand Name(S5001)
Prescription Drug: Generic(S5000)
Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes (90792)
Psychiatric Diagnostic Evaluation, 15 Minutes (90791)
Psychiatric Evaluation of Hospital Records, Other (90885)
Psychoeducational Service, per 15 minutes(H2027)

Psychological Testing Evaluation, Each Additional Hour (96131)
Psychological Testing Evaluation, First Hour (96130)
Psychosocial Rehabilitation, per 15 Minutes(H2017)
Self-help/peer services, per 15 minutes(H0038)
Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services). (H2014)
Targeted Case Management, Each 15 Minutes(T1017)
Telephone Assessment and Management Service, 11-20 Minutes (98967)
Telephone Assessment and Management Service, 21-30 Minutes (98968)
Telephone Assessment and Management Service, 5-10 Minutes (98966)
Telephone Evaluation and Management Service, 11-20 Minutes (99442)
Telephone Evaluation and Management Service, 5-10 Minutes (99441)