

**Medicaid: Follow-Up After Discharge from Community Hospitals, State Psychiatric Hospitals, and Facility Based Crisis Services for Mental Health Treatment**

<b>Description</b>	
<p>The percentage of discharges for individuals ages 3 through 64 who were admitted for mental health treatment in a community-based hospital, state psychiatric hospital, or facility based crisis service that received a follow-up visit with a behavioral health practitioner within 7 days of discharge.</p>	
<b>Eligible Population</b>	
Funding Source(s)	Medicaid
Source(s) of Data	<p>Community-based hospital and facility based crisis service discharges and follow-up visits identified from paid claims/encounters in NCTracks and the NCAalytics Data Warehouse.</p> <p>State Psychiatric Hospital and ADATC discharges identified from Healthcare Enterprise Accounts Receivable Tracking System (HEARTS) extracts in the DMH/DD/SAS Consumer Data Warehouse (CDW). This is included to determine who will need follow up.</p>
Ages	Ages 3 through 64.
Eligibility	<p>Continuously enrolled in Medicaid Behavioral Health (benefit plan PHPB) from date of discharge through 7 days after discharge. No gap in coverage during this period. All members with an administrative county of Nash prior to July 1, 2017 should be included in the Eastpointe analysis. After July 1, 2017 the members should be included in the Trillium analysis.</p> <p>Exclude from the measure, individuals with retroactive Medicaid coverage during the continuous enrollment period.</p> <p>Exclude individuals with full Medicare coverage and third-party <b>major medical</b> insurance with (<b>insurance type codes 00 - MAJMEDCVRG, 20 - MAJMEDWORX, and 21 - CMMRCLHMO</b>) <b>during the measurement period.</b></p> <p>Exclude individuals with a living arrangement code of 16- MEDICAID SUSPENDED – STATE INCARCERATION ;17 - MEDICAID SUSPENDED - INSTIT FOR MENTAL DISEASES (IMD); 18 - MEDICAID SUSPENDED – SA FACILITY CLASSIFIED AS INSTIT FOR MENTAL DISEASE; 19 - MEDICAID SUSPENDED – COUNTY/LOCAL INCARCERATION.</p>
<b>Administrative Specifications</b>	
Denominator	<p>Discharged alive from a community-based hospital, state psychiatric hospital, or a facility based crisis service with a discharge date occurring during the measurement period, with a principal mental health diagnosis listed in DMA Contract Attachment CC.</p> <p><b>Community-based hospital:</b> Include:</p> <ul style="list-style-type: none"> <li>• LME-MCO covered acute inpatient codes in Table D</li> </ul>

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	<p><b>Facility Based Crisis:</b> Include:</p> <ul style="list-style-type: none"><li>• S9484 (facility based crisis service)</li><li>• S9484HA (facility based crisis service – child)</li></ul> <p><b>The denominator is based on discharges</b>, not on individuals. If individuals have more than one discharge during the measurement period, include all discharges, except as described below.</p> <p><b><u>(Re)admission or direct transfer within 7 days:</u></b></p> <ul style="list-style-type: none"><li>• If the discharge is followed by (re)admission* or direct transfer within 7 days of discharge to a community-based hospital, state psychiatric hospital, or facility based crisis service <b>for a principal mental health or principal substance use disorder diagnosis</b> in DMA Contract Attachment CC, treat the (re)admission or direct transfer as an extension of the original stay and <u>count only the last discharge</u>.</li></ul> <p>Use the principal diagnosis of the last discharge to determine which performance measure specifications to use and to receive credit for the discharge and follow-up.</p> <ul style="list-style-type: none"><li>○ If the principal diagnosis is MH, continue to use the specifications for this measure.</li><li>○ If the principal diagnosis is SUD, use the specifications for the Follow-Up After Discharge from Community Hospitals, State Psychiatric Hospitals, State ADATCs, and Detox/Facility Based Crisis Services for SUD Treatment performance measure.</li></ul> <p>* to determine the date of (re)admission, use the admission date on the institutional claim or the first date of service on the professional claim.</p> <ul style="list-style-type: none"><li>• Exclude the last discharge if it occurs after the end of the measurement period. In that case, the last discharge would be counted in the measurement period in which it occurs.</li><li>• <u>Exclude from the denominator</u> any discharge followed by admission or direct transfer within the 7-day follow-up period to a:<ul style="list-style-type: none"><li>○ community-based hospital for a principal diagnosis other than a mental health or substance use disorder.</li><li>○ <u>non-acute facility</u> in Table C, <u>regardless of principal diagnosis</u>.</li><li>○ Do not treat the admission or direct transfer as an extension of the original stay, and do not count the original or last discharge.</li></ul></li></ul> <p><b>Exclude individuals who use Hospice services</b> (Table A) during the measurement period plus 7 days.</p>
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Numerator	<p>For discharges included in the denominator, a follow-up visit in Table B with a mental health practitioner within 0-7 days after discharge. Include visits that occur on the date of discharge.</p> <p>Date of discharge is defined as follows:</p> <ul style="list-style-type: none"> <li>• community hospital - the coverage time period through date for bill types 111, 114, or 117 on the 837i.</li> <li>• state psychiatric hospital - the date of discharge on the HEARTS extract.</li> <li>• facility based crisis (S9484 and S9484HA) - the last date of service billed/paid.</li> </ul>
Reporting	<p>Data is reported monthly. The measurement period will be a calendar month.</p> <p>The measure shall be calculated based on claims and encounter data in NCTracks 5 ½ months after the last day of the measurement period to allow sufficient time for claims and encounter data to be submitted and processed and available to calculate this measure.</p> <p>Report by administrative county and total for each LME-MCO:</p> <ol style="list-style-type: none"> <li>(1) Number seen within 0-7 days after discharge,</li> <li>(2) Total number discharges during the measurement period, and</li> <li>(3) Percent of discharges seen within 0-7 days after discharge.</li> </ol> <p>Consumers will be assigned to an LME-MCO based on the consumer’s administrative county field in the NCAnalytics Data Warehouse. For state facility discharges, consumers will be assigned to an LME-MCO based on the consumer’s “Discharge Aftercare LME-MCO” in HEARTS, or if that field is blank, based on “Responsible County”.</p>
Performance Standard	40% or more of individuals discharged shall receive a follow-up visit within 0-7 days after discharge.
<b>References</b>	
DMA Contract Attachment CC	ICD-10 Diagnosis List

**Table A. Codes to Identify Hospice Care**

Code System	Code	Definition
CPT	99377	Hospice care (15-29 min)
	99378	Hospice care (30 min or more)
HCPCS	G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more (G0182)
	G9473	Services performed by chaplain in the hospice setting, each 15 minutes (G9473)
	G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes (G9474)
	G9475	Services performed by other counselor in the hospice setting, each 15 minutes (G9475)
	G9476	Services performed by volunteer in the hospice setting, each 15 minutes (G9476)
	G9477	Services performed by care coordinator in the hospice setting, each 15 minutes (G9477)
	G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes (G9478)
	G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes (G9479)
	Q5003	Hospice care provided in nursing long term care facility (LTC) or non-skilled nursing facility (NF) (Q5003)
	Q5004	Hospice care provided in skilled nursing facility (SNF) (Q5004)
	Q5005	Hospice care provided in inpatient hospital (Q5005)
	Q5006	Hospice care provided in inpatient hospice facility (Q5006)
	Q5007	Hospice care provided in long term care facility (Q5007)
	Q5008	Hospice care provided in inpatient psychiatric facility (Q5008)
	Q5010	Hospice home care provided in a hospice facility (Q5010)
	S9126	Hospice care, in the home, per diem (S9126)
	T2042	Hospice routine home care; per diem (T2042)

Code System	Code	Definition
	T2043	Hospice continuous home care; per hour (T2043)
	T2044	Hospice inpatient respite care; per diem (T2044)
	T2045	Hospice general inpatient care; per diem (T2045)
	T2046	Hospice long term care, room and board only; per diem (T2046)
UB Revenue	0115	Room and Board- Private: Hospice
	0125	Room and Board-Semi-Private Two Bed: Hospice
	0135	Semi-Private- Three and Four Beds: Hospice
	0145	Private (Deluxe): Hospice
	0155	Room and Board Ward: Hospice
	0235	Incremental Nursing Care Rate: Hospice
	0650	Hospice Services: General
	0651	Hospice Services: Routine Home Care
	0652	Hospice Services: Continuous Home Care
	0655	Hospice Services: Inpatient Respite Care
	0656	Hospice Services: General Inpatient Care
	0657	Hospice Services: Physician Service
	0658	Hospice room and board - nursing facility
0659	Hospice Services: Other Hospice	
UB Type Of Bill	081X	Specialty Facility: Nonhospital Based Hospice
	082X	Specialty Facility: Hospital Based Hospice

**Table B: Codes to Identify Follow-Up Visits**  
 (We are pulling claims by the base procedure code only.)

Procedure Code	Description	POS
96101	<b>Stand Alone visits with a behavioral health practitioner</b> Psychological testing, per hour (psychologist/physician)	<b>Exclude if Place of Service =</b> 21 - Inpatient Hospital 51 - Inpatient Psychiatric Facility 23 - Hospital ED
96116	Neurobehavioral status exam, per hour (psychologist/physician)	
96118	Neuropsych testing, per hour (psychologist/physician)	
99201	Office or outpatient, E&M, new patient, problem focused, 10 min	
99202	Office or outpatient, E&M, new patient, expanded problem, 20 min	
99203	Office or outpatient, E&M, new patient, detailed exam, low complexity, 30 min	
99204	Office or outpatient, E&M, new patient, comprehensive exam, moderate complexity, 45 min	
99205	Office or outpatient, E&M, new patient, comprehensive exam, high complexity, 60 min	

Procedure Code	Description	POS
99211	Office or outpatient, E&M, established patient, may not require physician or other qualified health care professional, minimal problem(s), 5 min	
99212	Office or outpatient, E&M, established patient, problem focused, 10 min	
99213	Office or outpatient, E&M, established patient, expanded problem, low complexity, 15 min	
99214	Office or outpatient, E&M, established patient, detailed exam, moderate complexity, 25 min	
99215	Office or outpatient, E&M, established patient, comprehensive exam, high complexity, 40 min	
99241	Office consult, new or established patient, problem focused, 15 min	
99242	Office consult, new or established patient, expanded problem, 30 min	
99242GT	Office consult, new or established patient, expanded problem, 30 min - telemedicine	
99243	Office consult, new or established patient, detailed exam, low complexity, 40 min	
99243GT	Office consult, new or established patient, detailed exam, low complexity, 40 min - telemedicine	
99244	Office consult, new or established patient, comprehensive exam, moderate complexity, 60 min	
99244GT	Office consult, new or established patient, comprehensive exam, moderate complexity, 60 min - telemedicine	
99245	Office consult, new or established patient, comprehensive exam, high complexity, 80 min	
99245GT	Office consult, new or established patient, comprehensive exam, high complexity, 80 min - telemedicine	
99341	Home Visit E&M New Pat, 20 min	
99342	Home Visit E&M New Pat, 30 min	
99343	Home Visit E&M New Pat Mod-Hi Severity, 45 min	
99344	Home Visit E&M New Pat, 60 min	
99345	Home Visit E&M New Pat, 75 min	
99347	Home Visit E&M Est Pat, 15 min	
99348	Home Visit E&M Est Pat, 25 min	
99349	Home Visit E&M Est Pat, 40 min	
99350	Home Visit E&M Est Pat, 60 min	
99383	Preventive visit, new pat, age 5-11	
99384	Preventive visit, new pat, age 12-17	
99385	Preventive visit, new pat, age 18-39	
99386	Preventive visit, new pat, age 40-64	
99387	Preventive visit, new pat, age 65+	
99393	Preventive visit, established pat, age 5-11	
99394	Preventive visit, established pat, age 12-17	
99395	Preventive visit, established pat, age 18-39	
99396	Preventive visit, established pat, age 40-64	
99397	Preventive visit, established pat, age 65+	
99401	Preventive counseling services as part of separate problem-oriented visit - 15 min	

Procedure Code	Description	POS
99402	Preventive counseling services as part of separate problem-oriented visit - 30 min	
99403	Preventive counseling services as part of separate problem-oriented visit - 45 min	
99404	Preventive counseling services as part of separate problem-oriented visit - 60 min	
99411	Preventive medicine, group counseling - 30 min	
99412	Preventive medicine, group counseling - 60 min	
99510	Home visit for individual, family, or marriage counseling	
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes (G0155)	
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) (G0177)	
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF -qualified social worker or psychologist in a CORF) (G0409)	
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes (G0410)	
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes (G0411)	
G0463	Hospital outpatient clinic visit for assessment and management of a patient (G0463)	
H0001	Alcohol and/or drug assessment	
H0002	Behavioral health screening to determine eligibility for admission to treatment program (H0002)	
H0004	Behavioral health counseling and therapy, per 15 minutes (H0004)	
H0004HQ	Behavioral Health Counseling - Group Therapy	
H0004HR	Behavioral Health Counseling - Family Therapy with Client	
H0005	Alcohol and/or drug group counseling	
H0012HB	SA Non-Medical Community Residential Treatment	
H0013	SA Medically Monitored Community Residential Treatment	
H0015	SA Intensive Outpatient Program (SAIOP)	
H0020	Opioid Treatment	
H0029	Alcohol and/or drug prevention alternatives service	
H0031	Mental health assessment, by non-physician (H0031)	
H0032	Targeted Case Management MH	
H0034	Medication training and support, per 15 minutes (H0034)	
H0035	Mental health partial hospitalization, treatment, less than 24 hours (H0035)	
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes (H0036) – Community Support	

Procedure Code	Description	POS
H0037	Community psychiatric supportive treatment program, per diem (H0037)	
H0038	Peer Supports	
H0039	Assertive community treatment, face-to-face, per 15 minutes (H0039)	
H0040	Assertive community treatment program, per diem (H0040)	
H0046	Mental Health Service, NOS	
H2000	Comprehensive multidisciplinary evaluation (H2000)	
H2001	Rehabilitation program, per 1/2 day (H2001)	
H2010	Comprehensive medication services, per 15 minutes (H2010)	
H2011	Crisis intervention service, per 15 minutes (H2011) – Mobile Crisis Management	
H2012	Behavioral health day treatment, per hour (H2012)	
H2012HA	Child/Adolescent Day Treatment	
H2013	Psychiatric health facility service, per diem (H2013)	
H2015HT	Community Support Team	
H2017	Psychosocial rehabilitation services, per 15 minutes (H2017)	
H2018	Psychosocial rehabilitation services, per diem (H2018)	
H2019	Therapeutic behavioral services, per 15 minutes (H2019)	
H2022	Intensive In-Home Services	
H2029	Sexually aggressive youth	
H2033	Multi-Systemic Therapy	
H2035	SA Comprehensive Outpatient Treatment Program (SACOT)	
S0201	Partial hospitalization services, less than 24 hours, per diem (S0201)	
S9480	Intensive outpatient psychiatric services, per diem (S9480)	
S9485	Crisis intervention mental health services, per diem (S9485)	
T1023	Diagnostic Assessment	
90791	Clinical Evaluation/Intake	
90792	Interactive Evaluation	
90832	Individual Therapy (20-30 min.)	
90833	Individual Therapy (20-30 min.)--MD	
90834	Individual Therapy (45-50 min.)	
90836	Individual Therapy (45-50 min.)--MD	
90837	Individual Therapy (60 min.)	
90838	add-on code for individual psychotherapy, (60 min) when performed with an E&M service.	
90839	Psychotherapy for Crisis (60 min.)	
90840	Psychotherapy for Crisis (add-on) for each additional 30 min (used with 90839).	
90845	Psychoanalysis	
90847	Family Therapy with patient	



Procedure Code	Description	POS
90849	Group Therapy (Multiple Family Group)	
90853	Group Therapy (non-multiple family group)	
90867	Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; initial, including cortical mapping, motor threshold determination, delivery and management	
90868	Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; subsequent delivery and management, per session.	
90869	Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; Subsequent motor threshold re-determination with delivery and management.	
90875	individual psychophysiological therapy that incorporates biofeedback training by any modality with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy), face-to-face, 20-30 minutes.	
90876	individual psychophysiological therapy that incorporates biofeedback training by any modality with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy), face-to-face, 45-50 minutes.	
	<b>One of the following CPT codes with a behavioral health practitioner in a listed POS:</b>	
99221	Initial Hospital Care Low Severity	
99222	Initial Hospital Care Mod Severity	
99223	Initial Hospital Care High Severity	
99231	Subsequent Hospital Care per Day	
99232	Subsequent Hospital Care per Day	
99233	Subsequent Hospital Care per Day	
99238	Hospital Discharge Day 30 min or less	
99239	Hospital Discharge Day more than 30 min	
99251	Initial Inpatient Consultation 20	
99252	Initial Inpatient Consultation 40	
99253	Initial Inpatient Consultation 55	
99254	Initial Inpatient Consultation 80	
99255	Initial Inpatient Consultation 110	

UB Revenue Code	Description	POS
	<b>Behavioral health setting with a behavioral health practitioner:</b>	<b>N/A</b>
0513	Clinic: Psychiatric	
0900	Psychiatric/Psychological Treatments: General	

UB Revenue Code	Description	POS
0902	Psychiatric/Psychological Treatments: Milieu Therapy	
0903	Psychiatric/Psychological Treatments: Play Therapy	
0904	Psychiatric/Psychological Treatments: Activity Therapy	
0905	Psychiatric/Psychological Treatments: Intensive Outpatient Psychiatric	
0906	Psychiatric/Psychological Treatments: Intensive Outpatient Chemical Dependency	
0907	Psychiatric/Psychological Treatments: Community Behavioral Health Program	
0909	Psychiatric/Psychological Treatments: Other	
0910	Psychiatric/Psychological Services: General	
0911	Psychiatric/Psychological Services: Rehabilitation	
0912	Psychiatric/Psychological Services: Partial Hospitalization	
0913	Psychiatric/Psychological Services: Partial Hospitalization Intensive	
0914	Psychiatric/Psychological Services: Individual Therapy	
0915	Psychiatric/Psychological Services: Group Therapy	
0916	Psychiatric/Psychological Services: Family Therapy	
0917	Psychiatric/Psychological Services: Bio Feedback	
0919	Psychiatric/Psychological Services: Other	
0961	Professional Fees: Psychiatric	
	<b>Non-behavioral health setting with a behavioral health practitioner or a diagnosis of mental illness:</b>	
0510	Clinic: General	
0515	Clinic: Pediatric	
0516	Clinic: Urgent Care Clinic	
0517	Clinic: Family Practice Clinic	
0519	Clinic: Other Clinic	
0520	Freestanding Clinic: General	
0521	Freestanding Clinic: Rural Health-Clinic	
0522	Freestanding Clinic: Rural Health-Home	
0523	Freestanding Clinic: Family Practice	
0526	Freestanding Clinic: Urgent Care Clinic	
0527	Free-Standing Clinic: Visiting Nurse Service to Member Home in a Home Health Shortage Area	
0528	Free-Standing Clinic Visit: RHC-FQHC Practitioner to Other non RHC-FQHC Site	
0529	Freestanding Clinic: Other Freestanding Clinic	
0982	Professional Fees: Outpatient Services	
0983	Professional Fees: Clinic	

**LME-MCO-Specific Approved “In Lieu Of” Services**

<b>LME-MCO</b>	<b>Description</b>	<b>Procedure Code</b>
<b>Alliance Behavioral Healthcare</b>	Assertive Community Treatment Step-Down	H0040 TS
		H0040 22
	Behavioral Health Urgent Care	T2016 U5
	Family Centered Treatment	H2022 22 Z1
		H2022 U3 HE
		H2022 22 Z2
	Outpatient Plus (OPT Plus)	90837 22 PL
90834 22 PL		
H0036 22		
Rapid Response Crisis Services for Children and Youth	S5145 22 Z3	
<b>Cardinal Innovations Healthcare Solutions</b>	ACT Step-Down	H0040 TS U5
	In Home Therapy Services for Children with Mental Illness/Substance Abuse Diagnosis	H2022 HE U5
	Family Centered Treatment	H0036 HK U5
	Residential Service- Complex Needs	H0018 HA
		H0018 HB
	Rapid Care Services	S9480 U5
S9480 HK U5		
<b>Eastpointe</b>	Family Centered Treatment	H2022 P1 U5
		H2022 P2 U5
		H2022 P3 U5
<b>Partners Behavioral Healthcare Management</b>	Behavioral Health Crisis Assessment and Intervention	T2016 U5
	Critical Time Intervention	H0032 U5
	Dialectical Behavioral Therapy	H2019 U5
	High Fidelity Wraparound	H0019 U5
	Family Centered Treatment	H2022 Z1
		H0222 HE
	Outpatient Plus (OPT Plus)	90873 U5
Rapid Response Crisis Services for Children and Youth	S5145 U5	
<b>Sandhills Center</b>	Family Centered Treatment	H2022 Z1
		H2022 HE
		H2022 Z2
<b>Trillium Health Resources</b>	Child First Outpatient Codes	90791
		90832
		90834
		90837
		90839
		90840
		90846
		90847
		T1017 TJ
<b>Vaya Health</b>	Behavioral Health Crisis Risk Assessment and Intervention (BH-CAI)	T2016 U5
	Outpatient Plus (OPT Plus)	H2021 HN
		H2021 HO
	Enhanced Therapeutic Foster Care (ETFC)	S5145 U5
	Transitional Youth Services (TYS)	H2022 U5
Critical Time Intervention (CTI)	H0032 U5	

**Table C: Codes to Identify Non-Acute Care**

Description	Code System	Code	Definition
SNF	UB Revenue	0022	Skilled Nursing Facility Prospective Payment System
		0190	Sub-Acute Care
		0191	Sub-Acute Care: Level I
		0192	Sub-Acute Care: Level II
		0193	Sub-Acute Care: Level III
		0194	Sub-Acute Care: Level IV
		0199	Sub-Acute Care: Other sub-acute care
		0524	Visit by RHC/FQHC practitioner to a member in a covered Part A stay at the SNF
	0525	Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) or NF or ICF MR or other residential facility	
	UB Type of Bill	21x	Skilled Nursing - Inpatient (including Medicare Part A)
		22x	Skilled Nursing - Inpatient (Medicare Part B only)
28x		Skilled Nursing - swing bed	
POS	31	Skilled Nursing Facility	
	32	Nursing Facility	
Hospital transitional care, swing bed or rehabilitation	UB Type Of Bill	18x	Hospital - swing bed
Rehabilitation	UB Revenue	0024	Inpatient Rehabilitation Facility Prospective Payment System
		0550	Skilled Nursing (Home Health & CORFs only): General
		0551	Skilled Nursing (Home Health & CORFs only): Visit Charge
		0552	Skilled Nursing (Home Health & CORFs only): Hourly Charge
		0559	Skilled Nursing (Home Health & CORFs only): Other Skilled Nursing
		0118	Room and Board- Private: Rehabilitation
		0128	Room and Board-Semi-Private Two Bed: Rehabilitation
		0138	Semi-Private- Three and Four Beds: Rehabilitation
		0148	Private (Deluxe): Rehabilitation
0158	Room and Board Ward: Rehabilitation		
Respite	UB Revenue	0660	Respite Care (HHA Only): General Classification
		0661	Respite Care (HHA Only): Hourly Charge/Skilled Nursing
		0662	Respite Care (HHA Only): Hourly Charge/Home Health Aide/Homemaker
		0663	Daily Respite Charge
		0669	Other Respite Care
Intermediate care facility	UB Type Of Bill	65x	Intermediate Care - Level I intermed care
		66x	Intermediate Care - Level II intermed care
	POS	54	Intermediate Care Facility/Individuals with Intellectual Disabilities

Residential substance abuse treatment facility	UB Revenue	1002	Residential treatment – chemical dependency
Psychiatric residential treatment center	HCPCS	T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
		H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
		H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
		H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem – Residential Treatment Level III/IV
		H2020	Therapeutic behavioral services, per diem (H2020) – Residential Treatment Level II (Program)
	UB Revenue	1001	Residential Treatment – Psychiatric
		0911	Psychiatric Residential Treatment Facility
POS	56	Psychiatric Residential Treatment Center	
Specialty facility – Community MH Center	UB Type Of Bill	86x	Specialty Facility (inpatient or outpatient) - Community MH Center
Comprehensive inpatient rehabilitation facility	POS	61	Comprehensive Inpatient Rehabilitation Facility

**Table D: Codes to Identify Inpatient Care**

UB Revenue	Description
0100	All-Inclusive Room and Board Plus Ancillary
0101	All-Inclusive Room and Board
0110	Room and Board- Private: General
0111	Room and Board- Private: Medical/Surgical/Gyn
0112	Room and Board- Private: OB
0113	Room and Board- Private: Pediatric
0114	Room and Board- Private: Psychiatric
0116	Room and Board- Private: Detoxification
0117	Room and Board- Private: Oncology
0119	Room and Board- Private: Other
0120	Room and Board-Semi-Private Two Bed: General
0121	Room and Board-Semi-Private Two Bed: Medical/Surgical/Gyn
0122	Room and Board-Semi-Private Two Bed: OB
0123	Room and Board-Semi-Private Two Bed: Pediatric
0124	Room and Board-Semi-Private Two Bed: Psychiatric
0126	Room and Board-Semi-Private Two Bed: Detoxification
0127	Room and Board-Semi-Private Two Bed: Oncology
0129	Room and Board-Semi-Private Two Bed: Other

UB Revenue	Description
0130	Semi-Private- Three and Four Beds: General
0131	Semi-Private- Three and Four Beds: Medical/Surgical/Gyn
0132	Semi-Private- Three and Four Beds: OB
0133	Semi-Private- Three and Four Beds: Pediatric
0134	Semi-Private- Three and Four Beds: Psychiatric
0136	Semi-Private- Three and Four Beds: Detoxification
0137	Semi-Private- Three and Four Beds: Oncology
0139	Semi-Private- Three and Four Beds: Other
0140	Private (Delux): General
0141	Private (Delux): Medical/Surgical/Gyn
0142	Private (Delux): OB
0143	Private (Delux): Pediatric
0144	Private (Delux): Psychiatric
0146	Private (Delux): Detoxification
0147	Private (Delux): Oncology
0149	Private (Delux): Other
0150	Room and Board Ward: General
0151	Room and Board Ward: Medical/Surgical/Gyn
0152	Room and Board Ward: OB
0153	Room and Board Ward: Pediatric
0154	Room and Board Ward: Psychiatric
0156	Room and Board Ward: Detoxification
0157	Room and Board Ward: Oncology
0159	Room and Board Ward: Other
0160	Other Room and Board: General
0164	Other Room and Board: Sterile Environment
0167	Other Room and Board: Self Care
0169	Other Room and Board: Other
0200	Intensive Care: General
0201	Intensive Care: Surgical
0202	Intensive Care: Medical
0203	Intensive Care: Pediatric
0204	Intensive Care: Psychiatric
0206	Intensive Care: Intermediate ICU
0207	Intensive Care: Burn Care
0208	Intensive Care: Trauma
0209	Intensive Care: Other Intensive Care
0210	Coronary Care: General
0211	Coronary Care: Myocardial Infarction
0212	Coronary Care: Pulmonary Care
0213	Coronary Care: Heart Transplant
0214	Coronary Care: Intermediate CCU
0219	Coronary Care: Other Coronary Care