

Alabama Department of Mental Health CCBHC Triggering Events Demonstration Year 1 Alabama Medicaid Agency Approved (February 2024)			
Crisis Mental Health Services		Count as Triggering Visit	Includes Cost
H2011	Crisis Intervention	Yes	Yes
90839	Psychotherapy for Crisis, first 60 minutes	Yes	Yes
90840	Psychotherapy, crisis each additional 30 minutes	Yes	Yes
S9484	ICC Crisis Intervention - Hourly	Yes	Yes
90791	Mobile Crisis Intake Evaluation	Yes	Yes
H2011	Mobile Crisis: Crisis Intervention, 15 minutes	Yes	Yes
90832	Mobile Crisis: Individual Counseling 16-37 minutes	Yes	Yes
90834	Mobile Crisis: Crisis Counseling 38 to 52 minutes	Yes	Yes
90837	Mobile Crisis: Individual Counseling 53 minutes or greater	Yes	Yes
90846	Mobile Crisis: Family Counseling	Yes	Yes
90847	Mobile Crisis: Family Counseling	Yes	Yes
90849	Mobile Crisis: Family Counseling	Yes	Yes
H0031	Mobile Crisis Mental Health and Substance Use Disorders Assessment	Yes	Yes
Outpatient Mental Health Substance Use		Count as Triggering Visit	Includes Cost
90832	Individual Psychotherapy (30 min patient and/or family member)	Yes	Yes
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service	Yes	Yes
90834	Individual Psychotherapy (45 min patient and/or family member)	Yes	Yes
90837	Individual Psychotherapy (60 min patient and/or family member)	Yes	Yes
90846	Family/Group Psychotherapy (without the patient present)	Yes	Yes
90847	Family/Group Psychotherapy (with the patient present)	Yes	Yes
90849	MI Family Therapy - multiple family group	Yes	Yes
90853	Group Psychotherapy	Yes	Yes
99202	Evaluation/Management, New Patient, typically 20 minutes	Yes	Yes
99203	Evaluation/Management, New Patient, typically 30 minutes	Yes	Yes

Outpatient Mental Health Substance Use		Count as Triggering Visit	Includes Cost
99204	Evaluation/Management, New Patient, typically 45 minutes	Yes	Yes
99205	Evaluation/Management, New Patient, typically 60 minutes	Yes	Yes
99211	Evaluation/Management, Established Patient, typically 5 minutes	Yes	Yes
99212	Evaluation/Management, Established Patient, typically 10 minutes	Yes	Yes
99213	Evaluation/Management, Established Patient, typically 15 minutes	Yes	Yes
99214	Evaluation/Management, Established Patient, typically 25 minutes	Yes	Yes
99215	Evaluation/Management, Established Patient, typically 40 minutes	Yes	Yes
99341	Evaluation and Management, New Patient Home Visit, 20 Minutes	Yes	Yes
99342	Evaluation and Management, New Patient Home Visit, 30 Minutes	Yes	Yes
99343	Evaluation and Management, New Patient Home Visit, 45 Minutes	Yes	Yes
99344	Evaluation and Management, New Patient Home Visit, 60Minutes	Yes	Yes
99345	Evaluation and Management, New Patient Home Visit, 75 Minutes	Yes	Yes
99347	Evaluation and Management, Established Patient Home Visit, 15 Minutes	Yes	Yes
99348	Evaluation and Management, Established Patient Home Visit, 25 Minutes	Yes	Yes
99349	Evaluation and Management, Established Patient Home Visit, 40 Minutes	Yes	Yes
99350	Evaluation and Management, Established Patient Home Visit, 60 Minutes	Yes	Yes
H0004	Behavioral Health counseling and therapy, per 15 minutes (SUD)	Yes	Yes
H0005	Alcohol and/or drug services, group counseling by a clinician	Yes	Yes
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Yes	Yes
H0033	Oral Medication Administration, direct Observation	Yes	Yes
H0034	Medication Training and Support, per 15 minutes	Yes	Yes
96372	Comprehensive medication services, per 15 minutes	Yes	Yes

<b>Outpatient Primary Care Screening and Monitoring</b>		<b>Count as Triggering Visit</b>	<b>Includes Cost</b>
**awaiting assignment of code**	Primary care screening and monitoring of key health indications and health risk	Yes	Yes
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	Yes	Yes
99382	Initial new patient preventive medicine evaluation, age 1 through 4 years	Yes	Yes
99383	Initial new patient preventive medicine evaluation, age 5 through 11 years	Yes	Yes
99384	Initial new patient preventive medicine evaluation, age 12 through 17 years	Yes	Yes
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	Yes	Yes
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	Yes	Yes
99387	Initial new patient preventive medicine evaluation, age 65 years and older	Yes	Yes
99391	Established patient periodic preventive medicine examination infant younger than 1 year	Yes	Yes
99392	Established patient periodic preventive medicine examination, age 1 through 4 years	Yes	Yes
99393	Established patient periodic preventive medicine examination, age 5 through 11 years	Yes	Yes
99394	Established patient periodic preventive medicine examination, age 12 through 17 years	Yes	Yes
99395	Established patient periodic preventive medicine examination age 18-39 years	Yes	Yes
<b>Outpatient Primary Care Screening and Monitoring</b>		<b>Count as Triggering Visit</b>	<b>Includes Cost</b>
99396	Established patient periodic preventive medicine examination age 40-64 years	Yes	Yes

99397	Established patient periodic preventive medicine examination, age 65 years and older	Yes	Yes
<b>Peer Support and Counseling Services</b>		<b>Count as Triggering Visit</b>	<b>Includes Cost</b>
H0038	Peer Support Services	Yes	Yes
T1012	Alcohol and/or substance abuse services, skills development	Yes	Yes
<b>Screening, Assessment, and Diagnosis including Risk Assessment</b>		<b>Count as Triggering Visit</b>	<b>Includes Cost</b>
T1023	Initial Referral, screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter	Yes	Yes
90791	Psychiatric Diagnostic Evaluation - Intake Evaluation Initial	Yes	Yes
90792	Psychiatric Diagnostic Evaluation - Subsequent	Yes	Yes
H0001	Alcohol and/or Drug Assessment	Yes	Yes
H0002	Behavioral Health Assessment - CPR	Yes	Yes
96130	Diagnostic Testing - Psych Testing	Yes	Yes
96131	Diagnostic Testing - Psych Testing	Yes	Yes
96136	Diagnostic Testing - Psych Testing	Yes	Yes
96137	Diagnostic Testing - Psych Testing	Yes	Yes
96138	Diagnostic Testing - Psych Testing - Psychological test/Administration Tech (add on)	Yes	Yes
96139	Diagnostic Testing - Psych Testing - Psychological test/Administration Tech (add on)	Yes	Yes
96146	Diagnostic Testing administered by a computer	Yes	Yes
96110	Developmental Screening, with Scoring and Documentation, Per Standardized Instrument, Event	Yes	Yes
96112	Developmental test administration by Qualified Health Care Professional with interpretation and report, first 60 minutes	Yes	Yes
96113	Developmental test administration by Qualified Health Care Professional with interpretation and report, additional 30 minutes	Yes	Yes
96116	Neurobehavioral status examination by Qualified Health Care Professional with interpretation and report, first 60 minutes	Yes	Yes
96121	Neurobehavioral status examination by Qualified Health Care Professional with interpretation and report, additional 60 minutes	Yes	Yes
<b>Targeted Case Management</b>		<b>Count as Triggering Visit</b>	<b>Includes Cost</b>
H0023	Behavioral Health Outreach Services	Yes	Yes

Smoking Cessation		Count as Triggering Visit	Includes Cost
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Yes	Yes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Yes	Yes

Non-Triggering Services		Count as Triggering Visit	Includes Cost
T1001	Nursing Assessment	No	Yes
T1002	Nursing Assessment	No	Yes
T1003	Nursing Assessment	No	Yes
T1013	Sign Language or interpretive services, 15 min	No	Yes
H0043	Supported Housing, per diem	No	Yes
H0044	Supported Housing, per month	No	Yes
H2012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) ASAM WM-3.2	No	Yes
H2021	In Home Services	No	Yes
H2023	Supported employment, per 15 minutes	No	Yes
H2024	Supported employment, per diem	No	Yes
H2025	Ongoing support to maintain employment, per 15 minutes	No	Yes
H2026	Ongoing support to maintain employment, per diem	No	Yes
H2030	Mental Health Clubhouse services, per 15 minutes	No	Yes
H2031	Mental Health Clubhouse services, per diem	No	Yes
G9002	Case Management-Child and Adolescent	No	Yes
G9003	Targeted Case Management-Target 10-SED High Intensity-Full Month	No	Yes
G9003	Targeted Case Management-Target 10-SED High Intensity-Partial Month	No	Yes
G9008	TCM 9 - SUD - Adults and Adolescents; TCM - Target 1 - SMI Adults	No	Yes