

Policy Evaluation: Expert Consultation for Long-term Antipsychotics in Children

Research Questions:

- What proportion of prescribers referred for expert consultation completed a consultation with the Oregon Psychiatric Access Line about Kids (OPAL-K)?
- How many patients had a change in psychiatric therapy after referral for prescriber consultation?
- Were there any differences in provider type or patients (e.g., medication therapy or demographics) who had a consult compared to those that did not?

Conclusions:

- This preliminary analysis identified 77 patients with at least 6 months of use of a newly initiated antipsychotic who were referred to OPAL-K for peer-to-peer provider consultation from August to December 2019. Forty-four percent of prescribers successfully scheduled and completed a consultation for their patients.
- Of the patients referred for consultation, 80% had more than 2 antipsychotics prescribed within a 60 day period, 84% lacked an appropriate diagnosis based on claims data, and 62% did not have documented glucose monitoring. Approximately 50% of patients were prescribed antipsychotics from a non-specialist prescriber. The most commonly prescribed antipsychotics were risperidone and aripiprazole.
- Forty-four percent of patients (n=34) had no change in drug therapy or monitoring in the 3 months following consultation with a mental health specialist. In the 3 months following referral for consultation, 26% of patients (n=20) had a decrease in dose of their antipsychotic, and 19% (n=15) had a gap in therapy of more than 45 days indicating their antipsychotic may have been discontinued. Thirteen patients (17%) had new metabolic monitoring following referral for consultation. Changes in therapy were similar for those that scheduled a consultation compared to those who were only sent a letter. However, the small population size makes it difficult to discern differences between groups.
- Pediatric physicians were the most commonly referred prescribers, followed by mental health nurse practitioners and psychiatrists. Overall differences in providers or patient characteristics were small upon comparison of those with consultation with those who were unable to schedule a consultation. The analysis was limited by the small number of patients identified for each group.

Recommendations:

- Continue to monitor drug therapy changes after referral and consultation in pediatric patients on long-term antipsychotics.

Background:

There is limited evidence on the use of antipsychotics in children. Many antipsychotics are not FDA-approved for young children and many guidelines recommend extreme caution when prescribing antipsychotics to young children. In addition, long-term use of antipsychotics can be associated with complications including increased risk for metabolic syndrome, diabetes, and movement disorders. Long-term use of antipsychotics is often recommended only in combination with non-pharmacological therapy, and only when benefit has been established.

In order to improve care and promote medically appropriate use for young children on antipsychotics, this initiative targeted new-start patients less than 10 years of age who were initiating long-term antipsychotic therapy, defined as at least 6 months of covered days in the past 9 months. Patients were prioritized for referral based on relevant risk factors, including patients lacking relevant psychiatric diagnoses or glucose monitoring based on claims data or patients prescribed antipsychotics from a non-specialist. Mental health specialists were included in the program if their patient had other relevant risk factors. Two separate interventions were conducted as part of this process. First, a fax was sent to the prescribing provider notifying them that their patient had been identified based on long-term antipsychotic use. The fax included information on why their patient was being referred, and the prescribing provider was instructed to contact OPAL-K for a consultation on their patient in order to promote the best care for their patient. If providers did not call for a consultation, OPAL-K staff reached out to the provider to schedule a consultation. Consultation as part of this program is not required, and providers were allowed to refuse the offer for consultation. In some cases, patients may have changed providers and the current provider responsible for ongoing therapy was unable to be identified based on claim data or unable to be reached to schedule a consultation.

Methods:

This is a preliminary pre- and post-analysis to evaluate antipsychotic utilization in the 3 months before and after the referral date for each member. Both first- and second-generation antipsychotics were included in the analysis and were identified based on PDL class. Patients were included if a profile was sent to OPAL-K as part of this initiative. Patients were excluded if they had less than 60 days of Medicaid enrollment in the 3 months following referral for consultation.

Baseline characteristics including age, ethnicity, and relevant risk factors were identified at the time of the referral. Relevant psychiatric diagnoses were evaluated based on ICD-10 codes associated with medical claims the 1 year before the referral. Typically ICD-10 codes were categorized according to the first 3 characters. Prescriber type was based on primary provider taxonomy. Medication flags identified at the time of the referral are documented in **Table 1**. Patients were stratified based on completion of a consultation with OPAL-K experts from August to December 2019.

Changes in drug therapy were compared for the 3 months before and after referral to OPAL-K. The following definitions were used to evaluate therapy:

- Drug discontinuation was defined as a break in therapy of at least 45 days.
- Switches in antipsychotic therapy were assessed based on the unique molecular entity (HSN code; **Table A1**).
- Glucose monitoring was defined using the codes in **Table A3**.
- Utilization of other psychotropic medications was classified by the number of unique molecular entities (HSNs). The analysis included any products in the psychiatric system. Oral antipsychotics were defined according to PDL class: first-generation antipsychotics and second-generation antipsychotics.
- Concurrent use of more than one oral antipsychotic or other psychotropic was defined as at least 60 days of therapy with no more than a 2-week gap in coverage.
- Average dose per day was evaluated in the 3 months before and after the OPAL-K referral. Changes in drug dose were categorized according to the relative decrease or increase per day. Relative percent change was calculated based on difference in the average dose for the before and after groups over 3 months divided by the average dose in the before group.
- Outpatient medical visits were identified using codes in **Table A4**. All provider NPIs associated with these medical visits were evaluated to determine if the prescriber of the antipsychotic was involved in the visit.

Results:

Table 1 shows baseline demographics for patients referred to OPAL-K for expert consultation. Most patients referred were White and over 5 years of age. Patients were referred for expert consultation based on several criteria including duration of antipsychotic use, lack of metabolic monitoring, lack of FDA-approved diagnosis, use of more than 2 antipsychotics, and lack of mental health specialist prescribing. Eighty percent of referred patients had more than 2 antipsychotics prescribed within a 60 day period, 84% lacked an appropriate diagnosis based on claims data, and 62% did not have documented glucose monitoring. The most commonly prescribed antipsychotics were risperidone and aripiprazole. Approximately 50% of patients were prescribed antipsychotics from a non-specialist prescriber. Overall, 77 patients were identified, and 44% of prescribers successfully completed a consultation for their patients. Two groups were available for comparison: 1) patients whose provider had received a fax and completed a consultation AND 2) patients whose provider had received a fax but did not complete a consultation. Demographics were similar between patients who completed a consultation and those only notified via fax, though compared to patients whose provider did complete a consultation, patients without consultation were slightly more likely to be prescribed multiple antipsychotics (86% vs. 73.5%) and not have an FDA-approved diagnosis based on claims data (88.4% vs. 79.4%).

Table 2 describes the most common mental health diagnoses identified in children referred for consultation. The most common identified diagnoses were ADHD, severe stress and adjustment disorders (including PTSD), conduct disorders, and anxiety disorders. The majority of patients had more than one mental health diagnosis. For example, patients with a diagnosis of ADHD often had other mental health diagnoses such as mood or developmental disorders identified based on the patient's medical claims. Providers who did not have a consultation were slightly more likely to prescribe antipsychotics in patients with diagnoses of severe stress and adjustment disorders, conduct disorders and anxiety disorders compared to providers who did complete an expert consultation. Provider types identified for referral for peer-to-peer consultation are described in **Table 3**. Pediatric physicians were the most commonly referred prescribers, followed by mental health nurse practitioners and psychiatrists. When categorizing providers by prescriber type, there were slight differences in the proportion of providers who were able to complete a consultation compared to those unable to complete a consultation, but any conclusions are significantly limited by the small population size.

Changes in drug therapy are described in **Tables 4 and 5** for patients whose providers completed a consultation and providers without a consultation. While numbers of patients are small, screening for metabolic disorders was increased in both populations after referral for consultation. In the 3 months following referral for consultation, 26% of patients (n=20) had a decrease in dose of their antipsychotic, and 19% (n=15) had a gap in therapy of more than 45 days indicating their antipsychotic may have been discontinued (**Table 4**). Six patients were switched to a different antipsychotic, most commonly risperidone to aripiprazole (**Table 5**). There were only slight changes in numbers of other concurrently psychotropic medications, and numbers are too small to discern any reliable patterns (data not shown). In the 3 months following provider notification and outreach for a consultation, subsequent medical visits were slightly more common for providers who completed a peer-to-peer consultation (58.8%) compared to those without a consultation (46.5%). With a longer duration of follow-up more changes in therapy may be documented.

Table 1. Baseline Demographics of Patients Referred to OPAL-K.

	All Patients	
	77	%
Age		
0-5	9	11.7%
6-9	68	88.3%
Race		
White	47	61.0%
Unknown	24	31.2%
Other	6	7.8%
Criteria for Referral*		
No diabetes screen within the past year	48	62.3%
≥2 antipsychotics prescribed within prior 60 days	62	80.5%
Non-psychiatrist prescriber	38	49.4%
No diagnosis of schizophrenia, bipolar, or autism	65	84.4%
Antipsychotics prescribed in the 6 months before referral*		
1 risperidone	57	74.0%
2 aripiprazole	24	31.2%
3 olanzapine	2	2.6%
4 paliperidone	1	1.3%
5 asenapine maleate	1	1.3%
6 chlorpromazine HCl	1	1.3%
Patients with a medical visit with their prescribing provider in the 3 months following OPAL-K referral		
	40	51.9%

*Patients may be counted more than once if they meet multiple criteria or were prescribed multiple medications

Table 2. Common Diagnoses Identified in Children Referred to OPAL-K. Patients may be counted more than once if they have multiple diagnoses.

	All Patients		Patients w/consultation		Patients w/o consultation	
	77	%	34	44%	43	56%
Top 10 psychiatric diagnosis (categorized by the first 3 characters of the ICD-10 code)						
1 F90 - Attention-deficit hyperactivity disorders	51	66.2%	22	64.7%	29	67.4%
2 F43 - Reaction to severe stress, and adjustment disorders	34	44.2%	13	38.2%	21	48.8%
3 F91 - Conduct disorders	30	39.0%	11	32.4%	19	44.2%
4 F41 - Other anxiety disorders	28	36.4%	9	26.5%	19	44.2%
5 F88 - Other disorders of psychological development	18	23.4%	11	32.4%	7	16.3%
6 F34 - Persistent mood [affective] disorders	16	20.8%	8	23.5%	8	18.6%
7 F84 - Pervasive developmental disorders (including autistic disorder)	11	14.3%	6	17.6%	5	11.6%
8 F80 - Specific developmental disorders of speech and language	11	14.3%	7	20.6%	4	9.3%
9 F93 - Emotional disorders with onset specific to childhood	10	13.0%	6	17.6%	4	9.3%
10 F32 - Major depressive disorder, single episode	6	7.8%	2	5.9%	4	9.3%

Table 3. Prescriber characteristics based on primary provider taxonomy for the most recent antipsychotic claim before the referral.

Provider Type	All Patients		Patients w/consultation		Patients w/o consultation	
	77	%	34	44%	43	56%
PHYSICIAN-PEDIATRICS	21	27.3%	9	26.5%	12	27.9%
NURSE PRACTITIONER - PSYCHIATRIC/MENTAL HEALTH	20	26.0%	12	35.3%	8	18.6%
PHYSICIAN-PSYCHIATRY&NEUROLOGY-PSYCHIATRY	10	13.0%	4	11.8%	6	14.0%
PHYSICIAN-PSYCHIATRY&NEUROLOGY-CHILD&ADOLESCENT PSYCHIATRY	9	11.7%	2	5.9%	7	16.3%
NURSE PRACTITIONER - PEDIATRICS: PEDIATRICS	5	6.5%	2	5.9%	3	7.0%
NURSE PRACTITIONER - FAMILY	4	5.2%	0	0.0%	4	9.3%
PHYSICIAN-PEDIATRICS-DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2	2.6%	2	5.9%	0	0.0%
PHYSICIAN-FAMILY MEDICINE	2	2.6%	1	2.9%	1	2.3%
PHYSICIAN-PEDIATRICS-ADOLESCENT MEDICINE	1	1.3%	1	2.9%	0	0.0%
STUDENT IN AN ORGANIZED HEALTH CARE EDUCATION/TRAINING PROGRAM	1	1.3%	1	2.9%	0	0.0%
CLINICAL NURSE SPECIALIST - PSYCHIATRIC/MENTAL HEALTH	1	1.3%	0	0.0%	1	2.3%
DENTIST	1	1.3%	0	0.0%	1	2.3%

Table 4. Changes in drug utilization in the 3 months following OPAL-K referral compared to the 3 month before referral.

	All Patients		Patients w/consultation		Patients w/o consultation	
	77	%	34	44%	43	56%
No change in drug therapy or monitoring (patients not meeting any of the criteria below)	34	44.2%	14	41.2%	20	46.5%
Antipsychotic drug discontinuation	15	19.5%	7	20.6%	8	18.6%
Discontinuation of other psychotropic drug	5	6.5%	3	8.8%	2	4.7%
Change to a different antipsychotic	6	7.8%	3	8.8%	3	7.0%
New glucose monitoring	13	16.9%	7	20.6%	6	14.0%
Change in Average Daily Dose						
No change or less than 25% change in dose	43	55.8%	18	52.9%	25	58.1%
Decrease of >=25%	20	26.0%	9	26.5%	11	25.6%
Increase of >=25%	14	18.2%	7	20.6%	7	16.3%

Table 5. Changes in antipsychotic therapy assessed in the 3 months following OPAL-K referral

	Drug prescribed before referral	Drug prescribed after referral
Patient 1	aripiprazole	haloperidol
Patient 2	risperidone	ziprasidone
Patient 3	risperidone	aripiprazole
Patient 4	risperidone	aripiprazole
Patient 5	risperidone	aripiprazole
Patient 6	risperidone	aripiprazole

Limitations:

- This is a before/after analysis and does not control for potential confounding factors (of which there are many). Other characteristics may influence which prescribers contact OPAL-K for a consult (e.g., number of patients seen, familiarity with OPAL services, time available in the day, availability of administrative office staff, prior consults with specialists, or previous provider education or experience with antipsychotics). Similarly, there are many factors which can influence medication therapy including new diagnoses, disease severity, adverse events, involvement of parents/guardians in care, frequency of follow-up, or availability of providers for medical visits.

- This analysis did not include a comparison to a similar patient population with no intervention (educational fax or consultation). The fax intervention notifying providers of the need for expert consultation includes patient specific information on why they are being contacted (e.g., long-term antipsychotic use, lack of metabolic monitoring, etc). It is possible that the fax intervention itself may result in changes in prescribing or glucose monitoring.
- This analysis assesses only short-term changes in therapy within the 3 months following referral for consultation. The long-term impact of consultation and referral for peer-to-peer consultation is unknown at this time.
- The count of patients with follow-up medical visits may be inaccurate as billing provider for medical visit may not match prescribing provider even if prescriber was involved in care for that visit. Codes identified are the most common codes associated with routine medical visits, but all types of medical visits may not be captured.
- Prescriber type may not be accurate and may not reflect all specialties. Prescribers may change over time.
- Diagnoses is identified via medical claims and may not accurately reflect the diagnosis for the identified antipsychotic prescription.
- Dose changes were evaluated based on an average days' supply for paid claims and may not accurately reflect what the patient is actually taking.
- Blood glucose screening was identified based on medical claims. Patients may have access to glucose screening via other mechanisms which would not be identified via claims data.
- The small number of patients in this analysis significantly limits ability to identify changes in prescribing between groups.

Appendix 1. Drug Coding Information

Table A1. Antipsychotics

Class	HSN	Generic
Antipsychotics, 1st Gen	001621	chlorpromazine HCl
Antipsychotics, 1st Gen	001626	fluphenazine HCl
Antipsychotics, 1st Gen	001662	haloperidol
Antipsychotics, 1st Gen	001661	haloperidol lactate
Antipsychotics, 1st Gen	039886	loxapine
Antipsychotics, 1st Gen	001664	loxapine succinate
Antipsychotics, 1st Gen	001627	perphenazine
Antipsychotics, 1st Gen	001637	pimozide
Antipsychotics, 1st Gen	001631	thioridazine HCl
Antipsychotics, 1st Gen	001668	thiothixene
Antipsychotics, 1st Gen	001667	thiothixene HCl
Antipsychotics, 1st Gen	001630	trifluoperazine HCl
Antipsychotics, 2nd Gen	024551	aripiprazole
Antipsychotics, 2nd Gen	046175	asenapine
Antipsychotics, 2nd Gen	036576	asenapine maleate
Antipsychotics, 2nd Gen	042283	brexpiprazole
Antipsychotics, 2nd Gen	042552	cariprazine HCl
Antipsychotics, 2nd Gen	004834	clozapine
Antipsychotics, 2nd Gen	046280	lumateperone tosylate
Antipsychotics, 2nd Gen	037321	lurasidone HCl
Antipsychotics, 2nd Gen	011814	olanzapine
Antipsychotics, 2nd Gen	034343	paliperidone
Antipsychotics, 2nd Gen	043373	pimavanserin tartrate
Antipsychotics, 2nd Gen	014015	quetiapine fumarate
Antipsychotics, 2nd Gen	008721	risperidone
Antipsychotics, 2nd Gen	021974	ziprasidone HCl

Table A2. Drug dosing for unique antipsychotic dosage forms

Class	Generic	GSN	Route	FormDesc	TextDrugStr	Strength
Antipsychotics, 2nd Gen	cariprazine HCl	075566	PO	CAP DS PK	1.5 mg (1)-3 mg (6)	3
Antipsychotics, 2nd Gen	clozapine	064429	PO	ORAL SUSP	50 mg/mL	50
Antipsychotics, 2nd Gen	asenapine	080406	TD	PATCH TD24	3.8 mg/24 hour	3.8
Antipsychotics, 2nd Gen	asenapine	080407	TD	PATCH TD24	5.7 mg/24 hour	5.7
Antipsychotics, 2nd Gen	asenapine	080408	TD	PATCH TD24	7.6 mg/24 hour	7.6
Antipsychotics, 2nd Gen	aripiprazole	058594	PO	SOLUTION	1 mg/mL	1
Antipsychotics, 2nd Gen	risperidone	026177	PO	SOLUTION	1 mg/mL	1
Antipsychotics, 2nd Gen	risperidone	071304	PO	SYRINGE	1 mg/mL	1
Antipsychotics, 2nd Gen	risperidone	071305	PO	SYRINGE	2 mg/2 mL	1
Antipsychotics, 2nd Gen	risperidone	071306	PO	SYRINGE	3 mg/3 mL	1
Antipsychotics, 2nd Gen	quetiapine fumarate	074076	PO	TAB24HDSPK	50 mg (3)-200 mg (1)-300 mg (11)	300
Antipsychotics, 1st Gen	fluphenazine HCl	003821	PO	ELIXIR	2.5 mg/5 mL	0.5
Antipsychotics, 1st Gen	chlorpromazine HCl	003794	PO	ORAL CONC	100 mg/mL	100
Antipsychotics, 1st Gen	chlorpromazine HCl	003795	PO	ORAL CONC	30 mg/mL	30
Antipsychotics, 1st Gen	fluphenazine HCl	003822	PO	ORAL CONC	5 mg/mL	5
Antipsychotics, 1st Gen	haloperidol lactate	003971	PO	ORAL CONC	2 mg/mL	2
Antipsychotics, 1st Gen	thioridazine HCl	003857	PO	ORAL CONC	100 mg/mL	100
Antipsychotics, 1st Gen	thioridazine HCl	003858	PO	ORAL CONC	30 mg/mL	30
Antipsychotics, 1st Gen	thiothixene HCl	003994	PO	ORAL CONC	5 mg/mL	5

Table A3. Codes associated with glucose monitoring

CPT Code	Description
80047	basic metabolic panel w/calcium, ionized
80048	basic metabolic panel w/calcium, total
80050	general health panel
80053	comprehensive metabolic panel
80065	metabolic panel
80069	renal function panel
82947	glucose assay
82948	reagent strip/blood glucose
82950	glucose test

82951	glucose tolerance test
82952	glucose tolerance test –added samples
82953	glucose tolerance test
82961	glucose tolerance test, IV
82962	glucose test (home use)
83036	A1c
83037	A1c home use
D0411	Hba1c in-office point of service testing
81506	endocrinology (T2DM), biochemical assays of seven analytes

Table A4. Codes associated with medical visits

CPT Code	Description
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation With Medical Services
90832	Psychotherapy, 30 Minutes
90833	Psychotherapy, 30 Minutes
90834	Psychotherapy, 45 Minutes
90836	Psychotherapy, 45 Minutes
90837	Psychotherapy, 60 Minutes
90839	Psychotherapy For Crisis, First 60 Minutes
90840	Psychotherapy For Crisis
90846	Family Psychotherapy, 50 Minutes
90847	Family Psychotherapy Including Patient, 50 Minutes
90849	Multiple-Family Group Psychotherapy
90853	Group Psychotherapy
90882	Environmental Intervention For Management Of Medical Conditions
90887	Explanation Of Psychiatric, Medical Examinations, Procedures, And Data To Other Than Patient
96110	Developmental Screening
96112	Developmental Test Administration By Qualified Health Care Professional With Interpretation And Repo
96113	Developmental Test Administration By Qualified Health Care Professional With Interpretation And Repo
96127	Brief Emotional Or Behavioral Assessment
96130	Psychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes
96131	Psychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes
96132	Neuropsychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes

96133 Neuropsychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes
96136 Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Profess
96137 Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Profess
96138 Psychological Or Neuropsychological Test Administration And Scoring By Technician, First 30 Minutes
96150 Health And Behavior Assessment Each 15 Minutes
96151 Health And Behavior Re-Assessment Each 15 Minutes
96152 Health And Behavior Intervention, Individual Each 15 Minutes
96154 Health And Behavior Intervention, Family And Patient Each 15 Minutes
97151 Behavior Identification Assessment By Qualified Health Care Professional, Each 15 Minutes
97153 Adaptive Behavior Treatment By Protocol, Administered By Technician Under Direction Of Qualified Hea
97155 Adaptive Behavior Treatment With Protocol Modification Administered By Qualified Health Care Profess
97156 Family Adaptive Behavior Treatment Guidance By Qualified Health Care Professional (With Or Without P
97157 Family Adaptive Behavior Treatment Guidance By Qualified Health Care Professional Without Patient Pr
97530 Therapeutic Activities To Improve Function, With One-On-One Contact Between Patient And Provider, Ea
98966 Telephone Assessment And Management Service, 5-10 Minutes Of Medical Discussion
98967 Telephone Assessment And Management Service, 11-20 Minutes Of Medical Discussion
99201 New Patient Office Or Other Outpatient Visit, Typically 10 Minutes
99202 New Patient Office Or Other Outpatient Visit, Typically 20 Minutes
99203 New Patient Office Or Other Outpatient Visit, Typically 30 Minutes
99204 New Patient Office Or Other Outpatient Visit, Typically 45 Minutes
99205 New Patient Office Or Other Outpatient Visit, Typically 60 Minutes
99211 Established Patient Office Or Other Outpatient Visit, Typically 5 Minutes
99212 Established Patient Office Or Other Outpatient Visit, Typically 10 Minutes
99213 Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes
99214 Established Patient Office Or Other Outpatient, Visit Typically 25 Minutes
99215 Established Patient Office Or Other Outpatient, Visit Typically 40 Minutes
99215 Established Patient Office Or Other Outpatient, Visit Typically 40 Minutes
99354 Prolonged Office Or Other Outpatient Service First Hour
99383 Initial New Patient Preventive Medicine Evaluation, Age 5 Through 11 Years
99392 Established Patient Periodic Preventive Medicine Examination, Age 1 Through 4 Years
99393 Established Patient Periodic Preventive Medicine Examination, Age 5 Through 11 Years
99403 Preventive Medicine Counseling, Approximately 45 Minutes
99404 Preventive Medicine Counseling, Approximately 60 Minutes
99441 Physician Telephone Patient Service, 5-10 Minutes Of Medical Discussion
99442 Physician Telephone Patient Service, 11-20 Minutes Of Medical Discussion

99443 Physician Telephone Patient Service, 21-30 Minutes Of Medical Discussion
 99492 Initial Psychiatric Collaborative Care Management, First 70 Minutes In The First Calendar Month
 99493 Subsequent Psychiatric Collaborative Care Management, First 60 Minutes In Subsequent Month Of Behavi
 G0463 Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient
 H0002 Behavioral Health Screening To Determine Eligibility For Admission To Treatment Program
 H0004 Behavioral Health Counseling And Therapy, Per 15 Minutes
 H0017 Behavioral Health; Residential (Hospital Residential Treatment Program), Without Room And Board, Per
 H0019 Behavioral Health; Long-Term Residential (Non-Medical, Non-Acute Care In A Residential Treatment Pro
 H0031 Mental Health Assessment, By Non-Physician
 H0032 Mental Health Service Plan Development By Non-Physician
 H0034 Medication Training And Support, Per 15 Minutes
 H0036 Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes
 H0037 Community Psychiatric Supportive Treatment Program, Per Diem
 H0039 Assertive Community Treatment, Face-To-Face, Per 15 Minutes
 H2000 Comprehensive Multidisciplinary Evaluation
 H2011 Crisis Intervention Service, Per 15 Minutes
 H2012 Behavioral Health Day Treatment, Per Hour
 H2013 Psychiatric Health Facility Service, Per Diem
 H2014 Skills Training And Development, Per 15 Minutes
 H2027 Psychoeducational Service, Per 15 Minutes
 T1016 Case Management, Each 15 Minutes
 T1017 Targeted Case Management, Each 15 Minutes
 T1024 Evaluation And Treatment By An Integrated, Specialty Team Contracted To Provide Coordinated Care To
 T1040 Medicaid Certified Community Behavioral Health Clinic Services, Per Diem
 T2022 Case Management, Per Month
 T2023 Targeted Case Management; Per Month