

## Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics: Billing Codes

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This section contains per visit and billing code sets for Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics. For general IHS information, refer to the *Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics* section in this manual.

**Notice:** Welfare and Institutions Code Section 14131.10 excludes chiropractic services under the Medi-Cal program. See *Chiropractic Services* section in this manual for policy details, including information regarding exemptions to the excluded benefits

### IHS-MOA HIPAA-Compliant Billing Code Sets

«Please use the following HIPAA-compliant billing code sets unless otherwise advised by the Managed Care Plan (MCP). For managed care billing codes, please contact the MCP directly.»

**Table of HIPAA Compliant Billing Codes**

Revenue Code	Procedure Code and Modifier	Description	Explanation
0520‡	T1015	Medical, per visit	None
0520	G0466	Crossover Claims - New Patient	Requires the Medicare Explanation of Medicare Benefits (EOMB). Medicare Remittance Notice (MRN) or Remittance Advice (RA) to be attached to the claim. A deductible is not included in the crossover reimbursement. Do not complete <i>Condition Codes</i> fields (Boxes 18 thru 24) for Medicare Status.
0520	G0467	Crossover Claims - Established Patient	Requires the Medicare Explanation of Medicare Benefits (EOMB). Medicare Remittance Notice (MRN) or Remittance Advice (RA) to be attached to the claim. A deductible is not included in the crossover reimbursement. Do not complete <i>Condition Codes</i> fields (Boxes 18 thru 24) for Medicare Status.

«Table of HIPAA Compliant Billing Codes (continued)»

Revenue Code	Procedure Code and Modifier	Description	Explanation
0520	G0468	Crossover Claims - Initial Preventive Physical Exam (IPPE) or Annual Wellness Visit (AWV)	Requires the Medicare Explanation of Medicare Benefits (EOMB). Medicare Remittance Notice (MRN) or Remittance Advice (RA) to be attached to the claim. A deductible is not included in the crossover reimbursement. Do not complete <i>Condition Codes</i> fields (Boxes 18 thru 24) for Medicare Status.
0900	G0469	Crossover claims - Mental health visit - New patient	Requires the Medicare Explanation of Medicare Benefits (EOMB). Medicare Remittance Notice (MRN) or Remittance Advice (RA) to be attached to the claim. A deductible is not included in the crossover reimbursement. Do not complete <i>Condition Codes</i> fields (Boxes 18 thru 24) for Medicare Status.
0900	G0470	Crossover claims - Mental health visit - Established patient	Requires the Medicare Explanation of Medicare Benefits (EOMB). Medicare Remittance Notice (MRN) or Remittance Advice (RA) to be attached to the claim. A deductible is not included in the crossover reimbursement. Do not complete <i>Condition Codes</i> fields (Boxes 18 thru 24) for Medicare Status.
0520	92004	Optometry services, per visit - New patient	«None»
0520	92014	Optometry services, per visit - Established patient	«None»

«Table HIPAA Compliant Billing Codes (continued)»

Revenue Code	Procedure Code and Modifier	Description	Explanation
0561	T1015 AG	Mental health visit - Psychiatrist	<p>Mental health services, which include services with a clinical psychologist, clinical social worker, marriage and family therapist, registered marriage and family therapist intern, registered associate clinical social worker, psychological assistants or other health professional for therapeutic mental health services. May also be used for the mental health services provided as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.</p> <p><b>Note:</b> Interns must be under the supervision of a licensed mental health professional in accordance with the requirements of applicable state laws.</p> <p>A visit with Comprehensive Perinatal Services Program (CPSP) support staff and/or a pregnancy-related physician encounter on the same day would constitute a single medical visit if the CPSP mental health visit was related to the pregnancy. If the other health visit is unrelated to the pregnancy, an additional visit is allowed with revenue code 0561.</p>

«Table HIPAA Compliant Billing Codes (continued)»

Revenue Code	Procedure Code and Modifier	Description	Explanation
0561	T1015 AH	Mental health visit – Clinical Psychologist	<p>Mental health services, which include services with a clinical psychologist, clinical social worker, marriage and family therapist, registered marriage and family therapist intern, registered associate clinical social worker, psychological assistants or other health professional for therapeutic mental health services. May also be used for the mental health services provided as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.</p> <p><b>Note:</b> Interns must be under the supervision of a licensed mental health professional in accordance with the requirements of applicable state laws.</p> <p>A visit with Comprehensive Perinatal Services Program (CPSP) support staff and/or a pregnancy-related physician encounter on the same day would constitute a single medical visit if the CPSP mental health visit was related to the pregnancy. If the other health visit is unrelated to the pregnancy, an additional visit is allowed with revenue code 0561.</p>

«Table HIPAA Compliant Billing Codes (continued)»

Revenue Code	Procedure Code and Modifier	Description	Explanation
0561	T1015 AJ	Mental health visit – Clinical Social Worker	<p>Mental health services, which include services with a clinical psychologist, clinical social worker, marriage and family therapist, registered marriage and family therapist intern, registered associate clinical social worker, psychological assistants or other health professional for therapeutic mental health services. May also be used for the mental health services provided as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.</p> <p><b>Note:</b> Interns must be under the supervision of a licensed mental health professional in accordance with the requirements of applicable state laws.</p> <p>A visit with Comprehensive Perinatal Services Program (CPSP) support staff and/or a pregnancy-related physician encounter on the same day would constitute a single medical visit if the CPSP mental health visit was related to the pregnancy. If the other health visit is unrelated to the pregnancy, an additional visit is allowed with revenue code 0561.</p>

«Table HIPAA Compliant Billing Codes (continued)»

Revenue Code	Procedure Code and Modifier	Description	Explanation
0561	T1015 HR	Mental health visit – Marriage and Family Therapist	<p>Mental health services, which include services with a clinical psychologist, clinical social worker, marriage and family therapist, registered marriage and family therapist intern, registered associate clinical social worker, psychological assistants or other health professional for therapeutic mental health services. May also be used for the mental health services provided as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.</p> <p><b>Note:</b> Interns must be under the supervision of a licensed mental health professional in accordance with the requirements of applicable state laws.</p> <p>A visit with Comprehensive Perinatal Services Program (CPSP) support staff and/or a pregnancy-related physician encounter on the same day would constitute a single medical visit if the CPSP mental health visit was related to the pregnancy. If the other health visit is unrelated to the pregnancy, an additional visit is allowed with revenue code 0561.</p>

«Table HIPAA Compliant Billing Codes (continued)»

<b>Revenue Code</b>	<b>Procedure Code and Modifier</b>	<b>Description</b>	<b>Explanation</b>
0420	T1015	Ambulatory visit Physical therapy	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.
0430	T1015	Ambulatory visit Occupational therapy	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.
0440	T1015	Ambulatory visit Speech pathology	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.

«Table HIPAA Compliant Billing Codes (continued)»

Revenue Code	Procedure Code and Modifier	Description	Explanation
0470	T1015	Ambulatory visit Audiology	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.
0510	T1015	Ambulatory visit Podiatry	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.
0520	H0047	Ambulatory visit Drug and Alcohol	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.
0940*	98940	Ambulatory visit Chiropractic manipulative treatment, Spinal, one to two regions	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.



«Table HIPAA Compliant Billing Codes (continued)»

Revenue Code	Procedure Code and Modifier	Description	Explanation
0940*	98941	Ambulatory visit Chiropractic manipulative treatment, spinal, three to four regions	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.
0940*	98942	Ambulatory Visit Chiropractic manipulative treatment, spinal, five regions	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.
2101	97810	Ambulatory Visit Acupuncture one or more needles, Without electrical stimulation, Initial 15 minute service	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.
2101	97811	Ambulatory Visit Acupuncture one or more needles, Without electrical stimulation, Each additional 15 minute service	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.

«Table HIPAA Compliant Billing Codes (continued)»

<b>Revenue Code</b>	<b>Procedure Code and Modifier</b>	<b>Description</b>	<b>Explanation</b>
2101	97813	Ambulatory Visit Acupuncture one or more needles, With electrical stimulation, Initial 15 minute service	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.
2101	97814	Ambulatory Visit Acupuncture one or more needles, With electrical stimulation, Each additional 15 minute service	Other state plan services may be used to bill ambulatory services provided by health professionals other than physicians and mid-level practitioners. Services include optometry, dental, physical therapy, occupational therapy, speech, pathology, audiology, podiatry, acupuncture and drug and alcohol treatments.

## **IHS-MOA All-Inclusive Per-Visit Codes**

IHS-MOA facilities that submit all-inclusive per-visit code 03 (dental services) claims for Medi-Cal recipients enrolled in a Dental Managed Care Plan (Sacramento and Los Angeles counties only) must list the Dental Managed Care Plan as a payer in Boxes 50 thru 55 on the *UB-04* claim form.

<b>Code</b>	<b>Description</b>	<b>Explanation</b>
03	Dental Services	<p>IHS-MOA clinic providers may render any dental service in a face-to-face encounter between a billable treating provider and an eligible patient that is within the scope of the treating provider's practice, complies with the Medi-Cal <i>Manual of Criteria and Schedule of Maximum Allowances</i> &lt;&lt;(https://dental.dhcs.ca.gov/Dental_Providers/Denti-Cal/Provider_Handbook/)&gt;&gt; and determined to be medically necessary pursuant to California <i>Welfare and Institutions Code</i> (W&amp;I Code), Section 14059.5. Each provider shall develop a treatment plan that optimizes preventative and therapeutic care and that is in the patient's best interest, taking into consideration their overall health status. All phases of the treatment plan shall be rendered in a safe, effective, equitable, patient-centered, timely, and efficient manner.</p> <p>&lt;&lt;For dental services, documentation should be consistent with the standards set forth in the <i>Manual of Criteria</i> of the Medi-Cal Dental Provider Handbook and all state laws.&gt;&gt;</p> <p>If enrolled in a dental managed care plan in Sacramento or Los Angeles Counties, enter a 0 or plan payment in box 54a.</p>

**IHS: Services Not Covered by Recipient's Managed Care Plan**

IHS facilities use the following HIPAA-compliant code sets to bill for services rendered to Medi-Cal managed care plan recipients when the services are not covered by the plan.

«Table of HIPAA Compliant Codes»

Revenue Code	Procedure Code and Modifier	Description	Explanation
0900	T1015 AJ	Licensed Clinical Social Worker (LCSW)	A mental health service rendered by LCSW for recipients of any age.
0900	T1015 AH	Psychologist	A mental health service rendered by a psychologist for recipients of any age.
0900	T1015 AG	Psychiatrist	A mental health service rendered by a psychiatrist for recipients of any age.
0900	T1015 HR	Marriage and Family Therapist	A mental health service rendered by a MFT for recipients of any age.
2101	97810 SE	Acupuncture - one or more needles, without electrical stimulation, initial 15 minute service	An acupuncture service rendered for recipients of any age.
2101	97811 SE	Acupuncture - one or more needles, without electrical stimulation, each additional 15 minute service	An acupuncture service rendered for recipients of any age.
2101	97813 SE	Acupuncture - one or more needles, with electrical stimulation, initial 15 minute service	An acupuncture service rendered for recipients of any age.
2101	97814 SE	Acupuncture - one or more needles, with electrical stimulation, each additional 15 minute service	An acupuncture service rendered for recipients of any age.

«Table HIPAA Compliant Codes (continued)»

Revenue Code	Procedure Code and Modifier	Description	Explanation
0940*	98940 SE	Chiropractic - manipulative treatment, spinal, one to two regions	A chiropractic service rendered for recipients of any age
0940*	98941 SE	Chiropractic - manipulative treatment spinal, three to four regions	A chiropractic service rendered for recipients of any age
0940*	98942 SE	Chiropractic manipulative treatment, spinal, five regions	A chiropractic service rendered for recipients of any age
0520	H0014	Heroin Detox	A heroin detox service rendered in accordance with CCR, Title 22, Sections 51328 and 51533.
0520	S0257	End of Life Option Act	An end of life service rendered in accordance with End of Life Option Act ( <i>Health and Safety Code</i> , Division 1, Part 1.85, Section 443).
0520	T1015 SE	Managed care differential rate, covered by managed care and rendered to recipients enrolled in Medi-Cal managed care plans	When IHS-MOA facilities bill for patients enrolled in Medicare and an MCP and the service is covered by the plan, facilities must bill the MCP. No differential billing is required.

**Table HIPAA Compliant Codes (continued)**

<b>Revenue Code</b>	<b>Procedure Code and Modifier</b>	<b>Description</b>	<b>Explanation</b>
0529	G0466	Capitated Medicare advantage plans New patient	Requires justification for absence of the Medicare EOMB/MRN/RA from the claim. A deductible is not included in the crossover reimbursement. Do not complete the <i>Condition Codes</i> fields (boxes 24 and 25) for Medicare status.
0529	G0467	Capitated Medicare advantage plans Established patient	Requires justification for absence of the Medicare EOMB/MRN/RA from the claim. A deductible is not included in the crossover reimbursement. Do not complete the <i>Condition Codes</i> fields (boxes 24 and 25) for Medicare status.
0529	G0468	Capitated Medicare advantage plans Initial Preventive Physical Exam (IPPE) or Annual Wellness Visit (AWV)	Requires justification for absence of the Medicare EOMB/MRN/RA from the claim. A deductible is not included in the crossover reimbursement. Do not complete the <i>Condition Codes</i> fields (boxes 24 and 25) for Medicare status.
0529	«G0469»	Capitated Medicare advantage plans Mental health visit New patient	Requires justification for absence of the Medicare EOMB/MRN/RA from the claim. A deductible is not included in the crossover reimbursement. Do not complete the <i>Condition Codes</i> fields (boxes 24 and 25) for Medicare status
0529	G0470	Capitated Medicare advantage plans Mental health visit Established patient	Requires justification for absence of the Medicare EOMB/MRN/RA from the claim. A deductible is not included in the crossover reimbursement. Do not complete the <i>Condition Codes</i> fields (boxes 24 and 25) for Medicare status

## **IHS: Services for Recipients Enrolled in a Managed Care Plan**

When billing for services rendered to Medi-Cal managed care members, and the services are covered by the Managed Care Plan (MCP), IHS-MOA facilities must bill the MCP. No differential billing is required.

## **Services for Recipients in Managed Care and Medicare**

When IHS-MOA facilities bill for patients enrolled in Medicare and an MCP and the service is covered by the plan, facilities must bill the MCP. No differential billing is required.

## **Capitated Medicare Advantage Plans**

IHS-MOA facilities use Capitated Medicare Advantage Plan billing code sets rendered to straight Medi-Cal recipients enrolled in capitated Medicare Advantage Plans.

American Indians can elect to receive services at an IHS-MOA facility rather than their assigned “in-network” managed care provider per *California Code of Regulations*, Title 22, Section 55110.

For more information, refer to the *Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics* section in this manual.

**«Legend»**

«Symbols used in the document above are explained in the following table.»

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
‡	These codes may be used if the visit included chiropractic services rendered as exemptions.
*	These codes are impacted by the Optional Benefits Exclusion policy. See the <i>Chiropractic Services</i> section in the <i>Allied Health – Chiropractic</i> manual for complete policy details.