

MHP FFS Eating Disorder Services Utilization Table

June 1, 2023

Service Type	Service Name	Billing Code	Time in Minutes	Monthly Recommended Minimum Units (Not used for claims processing purposes. Minimum column informs providers of clinical practice recommendations.)	Monthly Maximum Units
Assessment	ED Psychiatric Diagnostic Eval/Plan Development	ED0791	65	Initial month 2, other months as needed	10
Collateral	ED Collateral-Phone	ED0887	10	1-4	14
	ED Collateral-Visit	ED0888	45	1-4	6
Individual Psychotherapy	ED Psychotherapy	ED0832	30	0-2 if doing Family Based Treatment because it does not include individual therapy	12
	ED Psychotherapy	ED0834	45		
	ED Psychotherapy	ED0837	60		
Group Therapy	ED Group Therapy	ED8536	60	0-1	10
	ED Group therapy	ED8539	90		



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Family Therapy	ED Family Therapy w/o client ED Family Therapy w/o client ED Family Therapy w/client	ED8466 ED8469 ED8476	60 90 60	0-1	10
	ED Family Therapy w/client	ED8479	90		
Case Management/Brokerage	ED Brokerage/Linkage	ED0173	30	1	10
	ED Brokerage/Linkage	ED0176	60		
Crisis Intervention	Crisis Intervention	90839	NA	NA	As needed
Supplemental Code	Supplemental Bilingual A Rate	Y9991	Used with ED0887, ED8536		
	Supplemental Bilingual B Rate	Y9992	Used with all other billing codes		

^{*}As of the writing of this Handbook on 1/30/2023 the crisis code is not yet available. The Crisis Intervention code 90839 will become available to therapists when contract amendments are processed.