

## COLUMN:

| 1     | 2        | 3                                    | 4      |
|-------|----------|--------------------------------------|--------|
| CODE  | MODIFIER | DESCRIPTION                          | FEE    |
| H0004 | HQ       | BEHAVIORAL HEALTH COUNSELING THERAPY | 8.19   |
| H0004 | HR       | BEHAVIORAL HEALTH COUNCELING THERAPY | 18.11  |
| H0004 | HS       | BH COUNSELING THERAPY/PER 15 MINUTE  | 18.11  |
| H0031 |          | MENTAL HEALTH ASSESSMENT,PER 15 MIN  | 248.58 |
| H0031 | 52       | MENTAL HEALTH ASSESSMENT,RE-ASSESSME | 99.43  |
| H0033 |          | ORAL MEDICATION ADMINISTRATION       | 3.12   |
| H2014 |          | PSR SKILLS TRAINIG GROUP/15 MINUTE   | 3.50   |
| H2015 |          | COMPREHENSIVE COMMUNITY SUPPORTS/15  | 8.50   |
| H2015 | HO       | COMPREHENSIVE COMMUNITY SUPPORTS/15  | 14.18  |
| H2021 |          | COMMUNITY BASED WRAP AROUND SERVICES | 24.40  |
| 90862 |          | MEDICATION MANAGEMENT- 15 MINUTES    | 47.90  |
| 96372 |          | THERAPEUTIC,PROPHYLACTIC OR DIAGNOST | 3.12   |

## LEGEND

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Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Unisys Provider Relations at 1-800-473-2783.  
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COLUMN 1. CODE: The medical billing procedure code.

COLUMN 2. MODIFIER: The modifier used with the procedure code, where applicable.

|    |                           |
|----|---------------------------|
| HQ | Group Setting             |
| HR | With Recipient Present    |
| HS | Without Recipient Present |
| HO | Masters Degree Level      |
| 52 | Reduced Services          |

COLUMN 3. DESCRIPTION: A short description of the medical billing procedure code.

COLUMN 4. FEE: The listed fee refers to the maximum allowable payment for one unit of service.

NOTE: SPECIAL BILLING INFORMATION for CODE 90862:

    Servicing provider number must be entered for this code.  
    Psychiatrist is paid 100% of fee on file, APRN is paid at 80%,  
    RN is paid at 67%.