

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

Code	Description	Age	Psychiatrist	APRN/CNS/PA	Medical Psychologist	Psychologist	LCSW	LPC	LMFT	LAC
			Modifier *> HA=Child HB=Adult	AF	SA	HP	AH	AJ	HO	HO
90785	INTERACTIVE COMPLEXITY, ADD ON	0-20	\$3.44	\$2.75	\$2.75	\$2.75	\$2.41	\$2.41	\$2.41	
90785	INTERACTIVE COMPLEXITY, ADD ON	21+	\$3.44	\$2.75	\$2.75	\$2.75	\$2.41	\$2.41	\$2.41	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	0-20	\$108.39	\$86.71	\$86.71	\$86.71	\$75.87	\$75.87	\$75.87	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	21+	\$108.39	\$75.87	\$86.71	\$86.71	\$75.87	\$75.87	\$75.87	
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	0-20	\$115.62	\$92.50	\$92.50					
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	21+	\$108.39	\$75.86	\$86.71					
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	0-20	\$47.65	\$38.12	\$38.12	\$38.12	\$33.36	\$33.36	\$33.36	\$33.36
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	21+	\$47.65	\$38.12	\$38.12	\$38.12	\$33.36	\$33.36	\$33.36	\$33.36
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON***	0-20	\$30.24	\$24.19	\$24.19					
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON***	21+	\$43.60	\$30.52	\$34.88					
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	0-20	\$67.08	\$53.66	\$53.66	\$53.66	\$46.96	\$46.96	\$46.96	\$46.96
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	21+	\$69.76	\$55.81	\$55.81	\$55.81	\$48.83	\$48.83	\$48.83	\$48.83
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON***	0-20	\$49.13	\$39.30	\$39.30					
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON***	21+	\$50.31	\$40.25	\$40.25					
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	0-20	\$98.78	\$79.02	\$79.02	\$79.02	\$69.15	\$69.15	\$69.15	\$69.15
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	21+	\$76.74	\$61.39	\$61.39	\$61.39	\$53.72	\$53.72	\$53.72	\$53.72
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT, ADD ON***	0-20	\$79.31	\$63.45	\$63.45					
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT, ADD ON***	21+	\$57.02	\$45.62	\$45.62					
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	0-20	\$123.60	\$98.88	\$98.88	\$98.88	\$86.52	\$86.52	\$86.52	\$86.52
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	21+	\$125.53	\$100.42	\$100.42	\$100.42	\$87.87	\$87.87	\$87.87	\$87.87
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	0-20	\$61.50	\$49.20	\$49.20	\$49.20	\$43.05	\$43.05	\$43.05	\$43.05
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	21+	\$50.21	\$40.17	\$40.17	\$40.17	\$35.15	\$35.15	\$35.15	\$35.15
90845	MEDICAL PSYCHOANALYSIS	0-20	\$58.98							
90845	MEDICAL PSYCHOANALYSIS	21+	\$58.98							
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	0-20	\$62.62	\$50.10	\$50.10	\$50.10	\$43.83	\$43.83	\$43.83	\$43.83
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	21+	\$62.62	\$50.10	\$50.10	\$50.10	\$46.79	\$46.79	\$46.79	\$46.79
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	0-20	\$77.67	\$62.14	\$62.14	\$62.14	\$54.37	\$54.37	\$54.37	\$54.37
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	21+	\$77.67	\$62.14	\$62.14	\$62.14	\$54.37	\$54.37	\$54.37	\$54.37
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	0-20	\$23.23	\$18.58	\$18.58	\$18.58				
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	21+	\$23.23	\$18.58	\$18.58	\$18.58				
90853	GROUP PSYCHOTHERAPY	0-20	\$22.05	\$17.64	\$17.64	\$17.64	\$15.44	\$15.44	\$15.44	\$15.44
90853	GROUP PSYCHOTHERAPY	21+	\$22.05	\$17.64	\$17.64	\$17.64	\$15.44	\$15.44	\$15.44	\$15.44
90863	PHARMACOLOGIC MANAGEMENT ADD ON	0-20			\$31.13					
90863	PHARMACOLOGIC MANAGEMENT ADD ON	21+			\$52.92					
90870	ELECTROCONVULSIVE THERAPY	0-20	\$94.84							
90870	ELECTROCONVULSIVE THERAPY	21+	\$94.84							
90875	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 20-30 MINUTES	0-20	\$50.05							
90875	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 20-30 MINUTES	21+	\$50.05							
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	0-20	\$74.34							
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	21+	\$74.34							
90880	MEDICAL HYPNOTHERAPY	0-20	\$75.96	\$60.77	\$60.77					
90880	MEDICAL HYPNOTHERAPY	21+	\$75.96	\$60.77	\$60.77					
96105	ASSESSMENT OF APHASIA	0-20	\$47.82							
96105	ASSESSMENT OF APHASIA	21+	\$47.82							
96116	NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR	0-20	\$68.14							
96116	NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR	21+	\$68.14							
96121	NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR	0-20	\$68.14							
96121	NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR	21+	\$68.14							
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	0-20	\$60.84		\$48.67	\$48.67				
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	21+	\$60.84		\$48.67	\$48.67				
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	0-20	\$60.84		\$48.67	\$48.67				
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	21+	\$60.84		\$48.67	\$48.67				
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	0-20	\$76.33		\$61.06	\$61.06				
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	21+	\$76.33		\$61.06	\$61.06				
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	0-20	\$76.33		\$61.06	\$61.06				
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	21+	\$76.33		\$61.06	\$61.06				
96136	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES	0-20	\$30.42		\$24.34	\$24.34				
96136	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES	21+	\$30.42		\$24.34	\$24.34				
96137	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDITIONAL 30 MINUTES	0-20	\$30.42		\$24.34	\$24.34				

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96137	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDITIONAL 30 MINUTES	21+	\$30.42		\$24.34	\$24.34				
96138	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES	0-20	\$17.40		\$17.40	\$17.40				
96138	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES	21+	\$17.40		\$17.40	\$17.40				
96139	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES	0-20	\$17.40		\$17.40	\$17.40				
96139	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES	21+	\$17.40		\$17.40	\$17.40				
96146	NEUROPSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTO RESULTS ONLY	0-20	\$31.63		\$31.63	\$31.63				
96146	NEUROPSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTO RESULTS ONLY	21+	\$31.63		\$31.63	\$31.63				
96156	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT	0-20	\$13.10	\$10.48	\$10.48	\$10.48				
96156	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT	21+	\$16.37		\$13.10	\$13.10				
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; FIRST 30 MINUTES	0-20	\$24.12		\$19.30	\$19.30				
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$12.06		\$9.65	\$9.65				
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$30.16		\$24.32	\$24.32				
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$15.08		\$12.06	\$12.06				
96164	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; FIRST 30 MINUTES	0-20	\$5.78		\$4.62	\$4.62				
96165	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$2.89		\$2.31	\$2.31				
96164	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$7.22		\$5.78	\$5.78				
96165	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$3.61		\$2.89	\$2.89				
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	0-20	\$23.70		\$18.96	\$18.96				
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$11.85		\$9.48	\$9.48				
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$29.60		\$23.68	\$23.68				
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$14.80		\$11.84	\$11.84				
96170	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	0-20	\$25.52		\$20.42	\$20.42				
96171	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$12.76		\$10.21	\$10.21				
96170	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$31.92		\$25.54	\$25.54				
96171	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$15.96		\$12.77	\$12.77				
96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	0-20	\$21.68	\$17.34	\$17.34					
96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	21+	\$21.68	\$16.26	\$16.26					
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15-29 Min)	0-20	\$44.08	\$35.26	\$35.26					
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15-29 Min)	21+	\$44.08	\$35.26	\$35.26					
99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30-44 Min)	0-20	\$64.08	\$51.26	\$51.26					
99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30-44 Min)	21+	\$64.08	\$51.26	\$51.26					
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45-59 Min)	0-20	\$99.52	\$79.62	\$79.62					
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45-59 Min)	21+	\$99.52	\$79.62	\$79.62					
99205	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60-74 Min)**	0-20	\$125.53	\$100.42	\$100.42					
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60-74 Min)**	21+	\$125.53	\$100.42	\$100.42					
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS	0-20	\$12.73	\$10.18	\$10.18					
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS	21+	\$21.64	\$21.64	\$17.31					
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 -19 Min)	0-20	\$27.29	\$21.83	\$21.83					
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 -19 Min)	21+	\$46.39	\$37.11	\$37.11					
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min)	0-20	\$42.80	\$34.24	\$34.24					
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min)	21+	\$72.76	\$58.21	\$58.21					
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min)	0-20	\$64.57	\$51.66	\$51.66					
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min)	21+	\$109.77	\$87.82	\$87.82					
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min)**	0-20	\$93.37	\$74.70	\$74.70					
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min)**	21+	\$158.73	\$126.98	\$126.98					
99221	INITIAL HOSPITAL INPATIENT CARE - LOW LEVEL, 40 MINUTES MUST BE MET OR EXCEEDED	0-20	\$64.43	\$51.54	\$51.54					
99221	INITIAL HOSPITAL INPATIENT CARE - LOW LEVEL, 40 MINUTES MUST BE MET OR EXCEEDED	21+	\$64.43	\$51.54	\$51.54					
99222	INITIAL HOSPITAL INPATIENT CARE - MODERATE LEVEL, 55 MINUTES MUST BE MET OR EXCEEDED	0-20	\$87.95	\$70.36	\$70.36					
99222	INITIAL HOSPITAL INPATIENT CARE - MODERATE LEVEL, 55 MINUTES MUST BE MET OR EXCEEDED	21+	\$87.95	\$70.36	\$70.36					
99223	INITIAL HOSPITAL INPATIENT CARE - HIGH LEVEL, 75 MINUTES MUST BE MET OR EXCEEDED	0-20	\$129.38	\$103.50	\$103.50					
99223	INITIAL HOSPITAL INPATIENT CARE - HIGH LEVEL, 75 MINUTES MUST BE MET OR EXCEEDED	21+	\$129.38	\$103.50	\$103.50					
99231	SUBSEQUENT HOSPITAL INPATIENT CARE - LOW LEVEL, 25 MINUTES MUST BE MET OR EXCEEDED	0-20	\$26.60	\$21.28	\$21.28					
99231	SUBSEQUENT HOSPITAL INPATIENT CARE - LOW LEVEL, 25 MINUTES MUST BE MET OR EXCEEDED	21+	\$26.60	\$21.28	\$21.28					
99232	SUBSEQUENT HOSPITAL INPATIENT CARE - MODERATE LEVEL, 35 MINUTES MUST BE MET OR EXCEEDED	0-20	\$47.84	\$38.27	\$38.27					
99232	SUBSEQUENT HOSPITAL INPATIENT CARE - MODERATE LEVEL, 35 MINUTES MUST BE MET OR EXCEEDED	21+	\$47.84	\$38.27	\$38.27					
99233	SUBSEQUENT HOSPITAL INPATIENT CARE - HIGH LEVEL, 50 MINUTES MUST BE MET OR EXCEEDED	0-20	\$68.56	\$54.85	\$54.85					
99233	SUBSEQUENT HOSPITAL INPATIENT CARE - HIGH LEVEL, 50 MINUTES MUST BE MET OR EXCEEDED	21+	\$68.56	\$54.85	\$54.85					
99234	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW LEVEL, 45 MINUTES MUST BE MET OR EXCEEDED	0-20	\$91.00	\$72.80	\$72.80					
99234	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW LEVEL, 45 MINUTES MUST BE MET OR EXCEEDED	21+	\$91.00	\$72.80	\$72.80					

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99235	HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE LEVEL, 70 MINUTES MUST BE MET OR EXCEEDED	0-20	\$119.53	\$95.62	\$95.62					
99235	HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE LEVEL, 70 MINUTES MUST BE MET OR EXCEEDED	21+	\$119.53	\$95.62	\$95.62					
99236	HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH LEVEL, 85 MINUTES MUST BE MET OR EXCEEDED	0-20	\$148.52	\$118.82	\$118.82					
99236	HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH LEVEL, 85 MINUTES MUST BE MET OR EXCEEDED	21+	\$148.52	\$118.82	\$118.82					
99238	HOSPITAL DISCHARGE DAY MANAGEMENT (30 MINUTES OR LESS ON THE DATE OF THE ENCOUNTER)	0-20	\$47.25	\$37.80	\$37.80					
99238	HOSPITAL DISCHARGE DAY MANAGEMENT (30 MINUTES OR LESS ON THE DATE OF THE ENCOUNTER)	21+	\$47.25	\$37.80	\$37.80					
99239	HOSPITAL DISCHARGE DAY (MORE THAN 30 MINUTES ON THE DATE OF THE ENCOUNTER)	0-20	\$68.71	\$54.97	\$54.97					
99239	HOSPITAL DISCHARGE DAY (MORE THAN 30 MINUTES ON THE DATE OF THE ENCOUNTER)	21+	\$68.71	\$54.97	\$54.97					
99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	0-20	\$14.58	\$11.66	\$11.66					
99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	21+	\$14.58	\$11.66	\$11.66					
99282	EMERGENCY DEPARTMENT VISIT, LOW	0-20	\$28.40	\$22.72	\$22.72					
99282	EMERGENCY DEPARTMENT VISIT, LOW	21+	\$28.40	\$22.72	\$22.72					
99283	EMERGENCY DEPARTMENT VISIT, MODERATE	0-20	\$44.18	\$35.34	\$35.34					
99283	EMERGENCY DEPARTMENT VISIT, MODERATE	21+	\$44.18	\$35.34	\$35.34					
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	0-20	\$82.58	\$66.06	\$66.06					
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	21+	\$82.58	\$66.06	\$66.06					
99285	EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED	0-20	\$122.93	\$98.34	\$98.34					
99285	EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED	21+	\$122.93	\$98.34	\$98.34					
99304	INITIAL NURSING FACILITY VISIT - LOW LEVEL, 25 MINUTES MUST BE MET OR EXCEEDED	0-20	\$66.63	\$53.30	\$53.30					
99304	INITIAL NURSING FACILITY VISIT - LOW LEVEL, 25 MINUTES MUST BE MET OR EXCEEDED	21+	\$55.53	\$44.42	\$44.42					
99305	INITIAL NURSING FACILITY VISIT - MODERATE LEVEL, 35 MINUTES MUST BE MET OR EXCEEDED	0-20	\$93.24	\$74.59	\$74.59					
99305	INITIAL NURSING FACILITY VISIT - MODERATE LEVEL, 35 MINUTES MUST BE MET OR EXCEEDED	21+	\$77.70	\$62.16	\$62.16					
99306	INITIAL NURSING FACILITY VISIT - HIGH LEVEL, 45 MINUTES MUST BE MET OR EXCEEDED	0-20	\$119.88	\$95.90	\$95.90					
99306	INITIAL NURSING FACILITY VISIT - HIGH LEVEL, 45 MINUTES MUST BE MET OR EXCEEDED	21+	\$99.90	\$79.92	\$79.92					
99307	SUBSEQUENT NURSING FACILITY VISIT - MINIMAL LEVEL, 10 MINUTES MUST BE MET OR EXCEEDED	0-20	\$32.87	\$26.30	\$26.30					
99307	SUBSEQUENT NURSING FACILITY VISIT - MINIMAL LEVEL, 10 MINUTES MUST BE MET OR EXCEEDED	21+	\$27.39	\$21.91	\$21.91					
99308	SUBSEQUENT NURSING FACILITY VISIT - LOW LEVEL, 15 MINUTES MUST BE MET OR EXCEEDED	0-20	\$50.20	\$40.16	\$40.16					
99308	SUBSEQUENT NURSING FACILITY VISIT - LOW LEVEL, 15 MINUTES MUST BE MET OR EXCEEDED	21+	\$41.83	\$33.46	\$33.46					
99309	SUBSEQUENT NURSING FACILITY VISIT - MODERATE LEVEL, 30 MINUTES MUST BE MET OR EXCEEDED	0-20	\$66.68	\$53.34	\$53.34					
99309	SUBSEQUENT NURSING FACILITY VISIT - MODERATE LEVEL, 30 MINUTES MUST BE MET OR EXCEEDED	21+	\$55.56	\$44.45	\$44.45					
99310	SUBSEQUENT NURSING FACILITY VISIT - HIGH LEVEL, 45 MINUTES MUST BE MET OR EXCEEDED	0-20	\$98.59	\$78.87	\$78.87					
99310	SUBSEQUENT NURSING FACILITY VISIT - HIGH LEVEL, 45 MINUTES MUST BE MET OR EXCEEDED	21+	\$82.17	\$65.74	\$65.74					
99408	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	0-20	\$47.65	\$38.12	\$38.12					
99408	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	21+	\$47.65	\$38.12	\$38.12					
99417	PROLONGED OFFICE OR OTHER OUTPATIENT, EACH ADDITIONAL 15 MINUTES**	0-20	\$29.18	\$23.34	\$23.34					
99417	PROLONGED OFFICE OR OTHER OUTPATIENT, EACH ADDITIONAL 15 MINUTES**	21+	\$24.32	\$19.46	\$19.46					
99341	NEW PATIENT HOME VISIT - MINIMAL LEVEL, 15 MINUTES MUST BE MET OR EXCEEDED	0-20	\$44.73	\$35.78	\$35.78					
99341	NEW PATIENT HOME VISIT - MINIMAL LEVEL, 15 MINUTES MUST BE MET OR EXCEEDED	21+	\$37.27	\$29.82	\$29.82					
99342	NEW PATIENT HOME VISIT - LOW LEVEL, 30 MINUTES MUST BE MET OR EXCEEDED	0-20	\$65.20	\$52.16	\$52.16					
99342	NEW PATIENT HOME VISIT - LOW LEVEL, 30 MINUTES MUST BE MET OR EXCEEDED	21+	\$54.34	\$43.47	\$43.47					
99344	NEW PATIENT HOME VISIT - MODERATE LEVEL, 60 MINUTES MUST BE MET OR EXCEEDED	0-20	\$137.97	\$110.38	\$110.38					
99344	NEW PATIENT HOME VISIT - MODERATE LEVEL, 60 MINUTES MUST BE MET OR EXCEEDED	21+	\$114.97	\$91.98	\$91.98					
99345	NEW PATIENT HOME VISIT - HIGH LEVEL, 75 MINUTES MUST BE MET OR EXCEEDED	0-20	\$166.01	\$132.81	\$132.81					
99345	NEW PATIENT HOME VISIT - HIGH LEVEL, 75 MINUTES MUST BE MET OR EXCEEDED	21+	\$138.34	\$110.67	\$110.67					
99347	ESTABLISHED PATIENT HOME VISIT - MINIMAL LEVEL, 20 MINUTES MUST BE MET OR EXCEEDED	0-20	\$43.60	\$34.88	\$34.88					
99347	ESTABLISHED PATIENT HOME VISIT - MINIMAL LEVEL, 20 MINUTES MUST BE MET OR EXCEEDED	21+	\$36.33	\$29.06	\$29.06					
99348	ESTABLISHED PATIENT HOME VISIT - LOW LEVEL, 30 MINUTES MUST BE MET OR EXCEEDED	0-20	\$65.89	\$52.71	\$52.71					
99348	ESTABLISHED PATIENT HOME VISIT - LOW LEVEL, 30 MINUTES MUST BE MET OR EXCEEDED	21+	\$54.92	\$43.94	\$43.94					
99349	ESTABLISHED PATIENT HOME VISIT - MODERATE LEVEL, 40 MINUTES MUST BE MET OR EXCEEDED	0-20	\$96.08	\$96.88	\$96.88					
99349	ESTABLISHED PATIENT HOME VISIT - MODERATE LEVEL, 40 MINUTES MUST BE MET OR EXCEEDED	21+	\$80.06	\$64.05	\$64.05					
99350	ESTABLISHED PATIENT HOME VISIT - HIGH LEVEL, 60 MINUTES MUST BE MET OR EXCEEDED	0-20	\$134.04	\$107.23	\$107.23					
99350	ESTABLISHED PATIENT HOME VISIT - HIGH LEVEL, 60 MINUTES MUST BE MET OR EXCEEDED	21+	\$111.70	\$89.36	\$89.36					
99451	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT - <i>Effective 3/15/21</i>	0+	\$31.98	\$25.58	\$25.58	\$22.39	\$22.39	\$22.39	\$22.39	\$22.39
96136 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES (NEUROPSYCH)	0-20	\$38.17		\$30.53	\$30.53				
96136 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES (NEUROPSYCH)	21+	\$38.17		\$30.53	\$30.53				
96137 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADD'L 30 MINUTES (NEUROPSYCH)	0-20	\$38.17		\$30.53	\$30.53				
96137 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADD'L 30 MINUTES (NEUROPSYCH)	21+	\$38.17		\$30.53	\$30.53				
96138 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)	0-20	\$25.04		\$25.04	\$25.04				
96138 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)	21+	\$25.04		\$25.04	\$25.04				

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

Code	Description	Age	Psychiatrist	APRN/CNS/PA	Medical Psychologist	Psychologist	LCSW	LPC	LMFT	LAC
	Modifier *>	HA=Child HB=Adult	AF	SA	HP	AH	AJ	HO	HO	HF
96139 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	0-20	\$25.04		\$25.04	\$25.04				
96139 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	21+	\$25.04		\$25.04	\$25.04				
96146 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)	0-20	\$46.15		\$46.15	\$46.15				
96146 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)	21+	\$46.15		\$46.15	\$46.15				
99202 TH	NEW PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (15-29 Min)	10-59	\$47.01							
99203 TH	NEW PATIENT - DETAILED (PRENATAL/POST PARTUM) (30-44 Min)	10-59	\$68.35							
99204 TH	NEW PATIENT - COMPREHENSIVE MODERATE COMPLEXITY (PRENATAL/POST PARTUM) (45-59 Min)	10-59	\$106.15							
99205 TH	NEW PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (60-74 Min)	10-59	\$134.33							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM)	10-20	\$13.78							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM)	21-59	\$23.43							
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10-19 Min)	10-20	\$27.29							
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10-19 Min)	21-59	\$46.39							
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (20-29 Min)	10-20	\$45.65							
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (20-29 Min)	21-59	\$77.61							
99214 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTUM) (30-39 Min)	10-20	\$67.88							
99214 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTUM) (30-39 Min)	21-59	\$115.40							
99215 TH	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40-54 Min)	10-20	\$93.37							
99215 TH	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40-54 Min)	21-59	\$158.73							
H0049	ALCOHOL AND/OR DRUG SCREENING	0-20	\$14.78	\$11.82	\$11.82					
H0049	ALCOHOL AND/OR DRUG SCREENING	21+	\$14.78							
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	0-20	\$34.50	\$27.60	\$27.60					
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	21+	\$34.50							

*Age and provider type modifiers are not applicable to FQHC/RHC claims.

** CPT code 99417 for 15 minutes of prolonged care, done on the same day as office/outpatient codes 99205 or 99215

***Do not report CPT code 99417 on the same date of service as 90833, 90836, 90838

SPECIALIZED BEHAVIORAL HEALTH SERVICES - HCPCS CODES								
Code	Description	Modifier*	Unit	Age HA = Child HB = Adult	Master's Level (HO)	Bachelor's Level (HN)	Less than Bachelor's (HM)	Other Per Diem
H0001	ALCOHOL AND/OR DRUG ASSESSMENT		Visit	0+	\$65.27	\$65.27	\$43.44	
H0004	ALCOHOL AND/OR DRUG SERVICES - INDIVIDUAL	HF	15 min	0+	\$14.13	\$14.13	\$11.42	
H0005	ALCOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON)	HQ	Visit	0+	\$9.23	\$9.23	\$6.52	
H0005	ALCOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER)	HR, HS	Visit	0+	\$21.53	\$21.53	\$15.23	
H0011	ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM	TG	Day	21+				\$290.00
H0011	ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD**	SE	Day	21+				\$43.50
H0012	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM		Day	0-20				\$72.15
H0012	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM		Day	21+				\$72.15
H0012	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD**	SE	Day	21+				\$17.85
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP	HO	Day	0+				\$144.00
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP	HN	Day	0+				\$144.00
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP	HM	Day	0+				\$96.00
H0018	THERAPEUTIC GROUP HOME PER DIEM		Day	0-20				\$178.39
H0018	THERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING	HH	Day	0-20				\$178.39
H0018	THERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS	HK	Day	0-20				\$178.39
H0019	BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3	HF	Day	21+				\$83.50
H0019	BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD**	SE, HF	Day	21+				\$21.50
H0020	ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20		Day	0+				\$16.33
H0020	ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20	U8	Day	0+				\$16.33
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS	HK	15 min	0+	\$37.03	\$30.61		
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY	HE	15 min	0+	\$38.55	\$31.70		
H0038	PEER SUPPORT SERVICES		15 min	21+	\$12.61	\$12.61	\$12.61	
H0038	PEER SUPPORT SERVICES - GROUP Effective 10/5/22	HQ	15 min	21+	\$1.26	\$1.26	\$1.26	
H0039	ASSERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*		Day	18-20	\$151.11	\$112.63	\$86.04	
H0039	ASSERTIVE COMMUNITY TREATMENT - PHYSICIAN PER DIEM*	AM	Day	18-20				\$373.88
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	U1	Month	21+				\$1,100.00
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	U2	Month	21+				\$900.00
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	U3	Month	21+				\$750.00
H0039	ASSERTIVE COMMUNITY TREATMENT - SUBSEQUENT MONTHS*** -		Month	21+				\$1,100.00
H0045	CRISIS STABILIZATION - INDIVIDUAL - Effective 10/01/16	HA	Day	0-20				\$180.00
H0047	ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE) - Effective 1/20/20		Day	0+				\$15.86
H0047	ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE - TAKE HOME) - Effective 1/20/20	U8	Day	0+				\$15.86
H2011	CRISIS INTERVENTION FOLLOW UP		15 min	0-20	\$31.69	\$31.69	\$23.17	
H2011	CRISIS INTERVENTION FOLLOW UP		15 min	21+	\$31.69	\$31.69	\$23.17	
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF		Day	0-20				\$335.49
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED)	TG	Day	0-20				\$335.49
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM 3.7)	TG, HF	Day	0-20				\$335.49
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM 3.7WM) - Effective 1/1/2023	HK	Day	0-20				\$335.49
H2033	MULTI SYSTEMIC THERAPY - 12 - 17 YEAR OLD TARGET POPULATION		15 min	0-20	\$36.01	\$30.23		
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1		Day	0-20				\$60.15
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1		Day	21+				\$70.30
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 ROOM AND BOARD**	SE	Day	21+				\$14.70
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5		Day	0+				\$212.47
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 ROOM AND BOARD**	SE	Day	21+				\$31.62
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7	TG	Day	21+				\$290.00
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD**	SE, TG	Day	21+				\$56.26
J0571	BUPRENORPHINE, ORAL, 1 MG - Effective 1/20/20		1mg	0+				\$0.11
J0571	BUPRENORPHINE, ORAL, 1 MG (TAKE HOME) - Effective 1/20/20	RD	1mg	0+				\$0.11
J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG - Effective 1/20/20		One Dose	0+				\$4.59
J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose	0+				\$4.59
J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG - Effective 1/20/20		One Dose	0+				\$8.21
J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose	0+				\$8.21
J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG - Effective 1/20/20		One Dose	0+				\$8.21
J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose	0+				\$8.21
J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG - Effective 1/20/20		One Dose	0+				\$16.42
J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose	0+				\$16.42
S9485	CRISIS INTERVENTION PER DIEM		Day	0-20	\$353.65	\$353.65	\$278.05	
S9485	CRISIS INTERVENTION PER DIEM		Day	21+	\$353.65	\$353.65	\$278.05	

*Note: Age and degree level modifiers can be added as applicable, and are indicated in columns E-H. Licensed Mental Health Professionals should bill accordingly. These modifiers are not applicable to FQHC/RHC claims.

**Note: Room and Board is not a State Plan service, but was historically covered under LBHP at the rates listed.

***In alignment with the methodology used by Medicaid, ACT services should be billed based on the Medicaid Recipient's age as of the first of the month. The youth per diem would be used for the entirety of the month during which the youth turns 21, and the adult per member per month would be used beginning with the month subsequent to the recipient's birth month.

SPECIALIZED SERVICES FOR ADULTS WITH SERIOUS MENTAL ILLNESS				
Code	Description	Modifier	Unit	RATE
S5125	PERSONAL CARE SERVICES (BILLABLE FOR < 28 UNITS/DAY) - <i>Effective 2/21/22</i>		15 Minutes	\$6.78
S5126	PERSONAL CARE SERVICES (BILLABLE FOR ≥ 28 UNITS/DAY) - <i>Effective 2/21/22</i>		Per Diem	\$189.84
H2024	INDIVIDUAL PLACEMENT AND SUPPORT (BILLABLE PER ENCOUNTER) - <i>Effective 2/21/22</i>		Encounter	\$62.50
H2024	INDIVIDUAL PLACEMENT AND SUPPORT (BILLABLE WHEN ≥ 6 ENCOUNTERS PER MONTH) - <i>Effective 2/21/22</i>	TG	PMPM	\$406.26

ADULT CRISIS SERVICES				
Code	Description	Modifier	Unit	RATE
S9485	MOBILE CRISIS RESPONSE - INITIAL CONTACT - <i>Effective 12/1/22</i>	TG, U8	Per Diem	\$493.72
H2011	MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP - <i>Effective 12/1/22</i>	TG, 95	15 Minutes	\$29.09
H2011	MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - <i>Effective 12/1/22</i>	TG, U8	15 Minutes	\$37.91
H2011	COMMUNITY BRIEF CRISIS SUPPORT - <i>Effective 12/1/22</i>	HK	15 Minutes	\$38.16
S9484	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 12/1/22</i>	HK	One Hour	\$98.12
S9485	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 12/1/22</i>	HK	Per Diem	\$392.46
S9484	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 12/1/22</i>	TG	One Hour	\$137.35
S9485	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 12/1/22</i>	TG	Per Diem	\$549.40
H0045	CRISIS STABILIZATION - INDIVIDUAL - <i>Effective 12/1/22</i>	TG	Day	\$915.66

MENTAL HEALTH REHABILITATION REDESIGN

Effective 1/1/2023, unless noted otherwise

Code	Description	Modifier	Unit	Universal Rate	Master's Level (HO)	Bachelor's Level (HN)	Grandfathered HS Diploma (HM)
96156	HEALTH BEHAVIOR ASSESSMENT, OR REASSESSMENT - CPST OFFICE *	TG	Visit	\$128.58			
96156	HEALTH BEHAVIOR ASSESSMENT, OR REASSESSMENT - CPST COMMUNITY *	TG, U8	Visit	\$163.26			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - INDIVIDUAL OFFICE		15 min	\$21.43			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - INDIVIDUAL COMMUNITY	U8	15 min	\$27.21			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	TG	15 min	\$22.50			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	\$28.57			
H2017	PSYCHOSOCIAL REHABILITATION - INDIVIDUAL OFFICE		15 min		\$14.87	\$12.01	\$10.99
H2017	PSYCHOSOCIAL REHABILITATION - INDIVIDUAL COMMUNITY	U8	15 min		\$20.28	\$14.14	\$12.67
H2017	PSYCHOSOCIAL REHABILITATION - PSH INDIVIDUAL OFFICE	TG	15 min		\$15.61	\$12.61	\$11.54
H2017	PSYCHOSOCIAL REHABILITATION - PSH INDIVIDUAL COMMUNITY	TG, U8	15 min		\$21.29	\$14.85	\$13.30
H2017	PSYCHOSOCIAL REHABILITATION - GROUP OFFICE	HQ	15 min	\$2.40			
H2017	PSYCHOSOCIAL REHABILITATION - GROUP COMMUNITY	HQ, U8	15 min	\$2.76			
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP OFFICE	HQ, TG	15 min	\$2.52			
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY	HQ, TG, U8	15 min	\$2.90			

* CPST Assessments, CPT code 96156 with the TG modifier, may be provided by Psychiatrists and Licensed Mental Health Professionals (LMHPs). See the Behavioral Health Services provider Manual for details.

SPECIALIZED BEHAVIORAL HEALTH SERVICES - PROVIDER SPECIFIC RATES					
Code	Description	Provider Name	Modifier	Unit	Rate
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION BY PSYCHIATRIST	Addiction Counseling and Educational Resources, Inc.	AF	Visit	\$150.00
H0014	ALCOHOL AND/OR DRUG SERVICES - AMBULATORY DETOXIFICATION	Addiction Counseling and Educational Resources, Inc.		Day	\$225.00
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP	Addiction Counseling and Educational Resources, Inc.	HM or HN or HO	Day	\$300.00
H2017	PSYCHOSOCIAL REHABILITATION GROUP OFFICE	VOA North Louisiana	HB,HQ	15 min.	\$2.10
	PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY	VOA North Louisiana	HB,HQ	15 min.	\$2.10
	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	VOA North Louisiana	HB,U1	Month	\$900.00
	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	VOA North Louisiana	HB,U2	Month	\$600.00
	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	VOA North Louisiana	HB,U3	Month	\$300.00
	PSYCHOSOCIAL REHABILITATION - SUBSEQUENT MONTHS	VOA North Louisiana	HB	Month	\$900.00
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - <i>Effective 1/1/2023</i>	Louisiana Methodist Children's Home - Greater New Orleans		Day	\$496.95
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - <i>Effective 1/1/2023</i>	Louisiana Methodist Children's Home - Ruston		Day	\$448.73
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - <i>Effective 1/1/2023</i>	Louisiana Methodist Children's Home - Sulphur		Day	\$547.00

Modifier	Description
U1	1st - 10th calendar day of the month
U2	11th - 20th calendar day of the month
U3	21st - 31st calendar day of the month

SPECIALIZED BEHAVIORAL HEALTH SERVICES - COORDINATED SYSTEM OF CARE				
Effective 12.1.15, unless noted otherwise				
Code	Description	Modifier	Unit	Rate
S5110	PARENT SUPPORT AND TRAINING – INDIVIDUAL * <i>Effective 11/01/2018</i>		15 min.	\$12.91
S5110	PARENT SUPPORT AND TRAINING – GROUP	HQ	15 min.	\$3.23
H0038	YOUTH SUPPORT AND TRAINING – INDIVIDUAL * <i>Effective 11/01/2018</i>		15 min.	\$12.91
H0038	YOUTH SUPPORT AND TRAINING – GROUP	HQ	15 min.	\$3.23
H2014	INDEPENDENT LIVING/SKILLS TRAINING – INDIVIDUAL		15 min.	\$7.80
S5150	SHORT TERM RESPITE CARE – INDIVIDUAL		15 min.	\$3.90
99367	CASE CONFERENCE - PARTICIPATION BY PHYSICIAN	HA	Visit of 30 min. or more	\$9.86
99368	CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL	HA	Visit of 30 min. or more	\$9.86
* FSO will use this code for attendance at CFT meetings for CSoC members. Family Support Organization workers attending child and family team meetings for the purposes of developing a treatment plan may bill for their participation time when the client/guardian is in attendance at the meeting and the development of the treatment plan is required for Medicaid.				

COMMONLY USED MODIFIERS FOR BILLING		
AF	PSYCHIATRIST	Used to bill for services provided by a Psychiatrist
AH	CLINICAL PSYCHOLOGIST	Used to bill for services provided by a Psychologist
AJ	CLINICAL SOCIAL WORKER	Used to bill for services provided by a LCSW
AM	PHYSICIAN, TEAM MEMBER SERVICE	Used to bill Physician's rate for ACT - H0039
SA	APRN, CNS, PHYSICIANS ASSISTANT	Used to bill for services provided by an APRN, CNS or PA
GC	RESIDENT	Used to bill for services provided by a Resident
95	TELEMEDICINE	Used to bill for services (CPT code) provided via telehealth MUST include the combination of Place of Service (POS) = 02 or 10 <u>AND</u> Modifier 95
HA	CHILD/ADOLESCENT PROGRAM	Used to bill for a service provided to a child or adolescent to distinguish rate
HB	ADULT PROGRAM	Used to bill for a service provided to an adult to distinguish rate
HE	MENTAL HEALTH PROGRAM	Used to bill CPST - Functional Family Therapy - H0036
HF	SUBSTANCE USE PROGRAM	Used to bill ASAM 3.3 - H0019
HF	SUBSTANCE USE PROGRAM	Used to bill for Alcohol and/or Drug Services Individual provided by an unlicensed provider - H0004
HH	INTEGRATED MENTAL HEALTH/SUBSTANCE USE PROGRAM	Used to bill TGH - Co-occurring - H0018
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill CPST - Homebuilders - H0036
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill TGH - Sexual Offenders - H0018
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill H2013 ASAM 3.7WM for youth (0-20) - <i>Effective 1/1/2023</i>
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill CBCS and BHCC/BHS - H2011, S9484, S9485
HM	LESS THAN BACHELORS DEGREE LEVEL	Used to bill for clinician with less than a Bachelors degree
HN	BACHELORS DEGREE LEVEL	Used to bill for clinician with a Bachelors degree
HO	MASTERS DEGREE LEVEL	Used to bill for clinician with a Masters degree
HP	DOCTORAL DEGREE LEVEL/MEDICAL PSYCHOLOGIST	Used to bill for services provided by a Medical Psychologist, effective 7/1/16
HQ	GROUP SETTING	Used to bill for services provided in a group setting
HR	FAMILY/COUPLE WITH CLIENT PRESENT	Used to bill family therapy specifically - H0005
HS	FAMILY/COUPLE WITHOUT CLIENT PRESENT	Used to bill family therapy specifically - H0005
RD	DRUG PROVIDED TO BENEFICIARY, BUT NOT ADMINISTERED	Used to bill take home doses of Buprenorphine - J0571, J0572, J0573, J0574, J0575
SE	STATE AND/OR FEDERALLY-FUNDED PROGRAMS/SERVICES	Used to bill for room and board for residential treatment for adults
TD	REGISTERED NURSE	Used to bill for services provided by a Registered Nurse
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill for ASAM 3.7 - H2036
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill Specialized PRTF - H2013
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill 3.7-WM - H0011
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used with 'HF' modifier to bill PRTF providing ASAM 3.7 - H2013
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill CPST and PSR under Permanent Supportive Housing (PSH) - H0036, H2017
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill Neuropsychological Testing Codes - 96136, 96137, 96138, 96139, 96146
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill MCR, CBCS and BHCC/CRC - H2011, S9484, S9485
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill IPS PMPM - H2024
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill Crisis Stabilization for adults - H0015 <i>Effective 7/1/22</i>
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill CPST Assessments - 96156 <i>Effective 1/1/23</i>
TH	OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM	Used to bill for services provided prenatally or postpartum (Age 10-59)
TSO	FOLLOW UP SERVICES	Used to bill for services provided subsequent to initial service billed
UP	SERVICES PROVIDED IN NATURAL ENVIRONMENT	Used to bill for services provided in the community - H0036, H2017, H0012, H0047, H2011