

| SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes |  |      |              |             |                      |              |         |         |         |         |                   |                         |  |  |
|--|--|------|--------------|-------------|----------------------|--------------|---------|---------|---------|---------|-------------------|-------------------------|--|--|
| Code   | Description  | Age  | Psychiatrist | APRN/CNS/PA | Medical Psychologist | Psychologist | LCSW    | LPC     | LMFT    | LAC     | LMSW <sup>5</sup> | PLPC/PLMFT <sup>5</sup> |  |  |
|  |  |      | AF           | SA          | HP                   | AH           | AJ      | HO      | HO      | HF      | U4                | UA                      |  |  |
| 90785  | INTERACTIVE COMPLEXITY, ADD ON   | 0+   | \$12.10      | \$9.68      | \$9.68               | \$9.68       | \$8.47  | \$8.47  | \$8.47  |         | \$7.26            | \$7.26                  |  |  |
| 90791  | PSYCHIATRIC DIAGNOSTIC EVALUATION  | 0+   | \$142.09     | \$113.67    | \$113.67             | \$113.67     | \$99.46 | \$99.46 | \$99.46 |         | \$85.25           | \$85.25                 |  |  |
| 90792  | PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES  | 0+   | \$159.57     | \$127.66    | \$127.66             |              |         |         |         |         |                   |                         |  |  |
| 90832  | PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT   | 0+   | \$64.72      | \$51.78     | \$51.78              | \$51.78      | \$45.30 | \$45.30 | \$45.30 | \$45.30 | \$38.83           | \$38.83                 |  |  |
| 90833  | PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON <sup>3</sup>  | 0+   | \$59.33      | \$47.46     | \$47.46              |              |         |         |         |         |                   |                         |  |  |
| 90834  | PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT   | 0+   | \$85.36      | \$68.29     | \$68.29              | \$68.29      | \$59.75 | \$59.75 | \$59.75 | \$59.75 | \$51.21           | \$51.21                 |  |  |
| 90836  | PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON <sup>3</sup>  | 0+   | \$74.98      | \$59.98     | \$59.98              |              |         |         |         |         |                   |                         |  |  |
| 90837  | PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT   | 0+   | \$125.86     | \$100.69    | \$100.69             | \$100.69     | \$88.10 | \$88.10 | \$88.10 | \$88.10 | \$75.52           | \$75.52                 |  |  |
| 90838  | PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT, ADD ON <sup>3</sup>  | 0+   | \$99.37      | \$79.50     | \$79.50              |              |         |         |         |         |                   |                         |  |  |
| 90839  | PSYCHOTHERAPY FOR CRISIS; INITIAL 60 MINUTES   | 0+   | \$125.53     | \$100.42    | \$100.42             | \$100.42     | \$87.87 | \$87.87 | \$87.87 | \$87.87 | \$75.32           | \$75.32                 |  |  |
| 90840  | PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON   | 0+   | \$61.50      | \$49.20     | \$49.20              | \$49.20      | \$43.05 | \$43.05 | \$43.05 | \$43.05 | \$36.90           | \$36.90                 |  |  |
| 90845  | MEDICAL PSYCHOANALYSIS   | 0+   | \$80.89      |             |                      |              |         |         |         |         |                   |                         |  |  |
| 90846  | FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT   | 0+   | \$81.69      | \$65.35     | \$65.35              | \$65.35      | \$57.18 | \$57.18 | \$57.18 | \$57.18 | \$49.01           | \$49.01                 |  |  |
| 90847  | FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT  | 0+   | \$85.55      | \$68.44     | \$68.44              | \$68.44      | \$59.89 | \$59.89 | \$59.89 | \$59.89 | \$51.33           | \$51.33                 |  |  |
| 90849  | MULTIPLE FAMILY GROUP PSYCHOTHERAPY  | 0+   | \$30.31      | \$24.25     | \$24.25              | \$24.25      |         |         |         |         |                   |                         |  |  |
| 90853  | GROUP PSYCHOTHERAPY  | 0+   | \$22.83      | \$18.26     | \$18.26              | \$18.26      | \$15.98 | \$15.98 | \$15.98 | \$15.98 | \$13.70           | \$13.70                 |  |  |
| 90863  | PHARMACOLOGIC MANAGEMENT ADD ON  | 0-20 |              |             | \$31.13              |              |         |         |         |         |                   |                         |  |  |
| 90863  | PHARMACOLOGIC MANAGEMENT ADD ON  | 21+  |              |             | \$52.92              |              |         |         |         |         |                   |                         |  |  |
| 90867  | THERAPEUTIC TMS TX, INITIAL - <i>Effective 8/2/2024</i> <sup>6</sup>   | 18+  | \$204.86     |             |                      |              |         |         |         |         |                   |                         |  |  |
| 90868  | THERAPEUTIC TMS, SUBSEQUENT - <i>Effective 8/2/2024</i>  | 18+  | \$139.55     |             |                      |              |         |         |         |         |                   |                         |  |  |
| 90869  | THERAPEUTIC TMS, SUBSEQUENT RE-DETERMINATION - <i>Effective 8/2/2024</i> <sup>7</sup>                            | 18+  | \$192.73     |             |                      |              |         |         |         |         |                   |                         |  |  |
| 90870  | ELECTROCONVULSIVE THERAPY  | 0+   | \$137.83     |             |                      |              |         |         |         |         |                   |                         |  |  |
| 90875  | PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 20-30 MINUTES   | 0+   | \$50.05      |             |                      |              |         |         |         |         |                   |                         |  |  |
| 90876  | PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES   | 0+   | \$74.34      |             |                      |              |         |         |         |         |                   |                         |  |  |
| 90880  | MEDICAL HYPNOTHERAPY   | 0+   | \$84.32      | \$67.46     | \$67.46              |              |         |         |         |         |                   |                         |  |  |
| 96105  | ASSESSMENT OF APHASIA  | 0+   | \$77.89      |             |                      |              |         |         |         |         |                   |                         |  |  |
| 96116  | NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR   | 0+   | \$75.29      |             |                      |              |         |         |         |         |                   |                         |  |  |
| 96121  | NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR   | 0+   | \$68.14      |             |                      |              |         |         |         |         |                   |                         |  |  |
| 96130  | PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR   | 0+   | \$98.70      |             | \$78.96              | \$78.96      |         |         |         |         |                   |                         |  |  |
| 96131  | PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR                                 | 0+   | \$70.81      |             | \$56.64              | \$56.64      |         |         |         |         |                   |                         |  |  |
| 96132  | NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR                                      | 0+   | \$104.85     |             | \$83.88              | \$83.88      |         |         |         |         |                   |                         |  |  |
| 96133  | NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR                            | 0+   | \$79.53      |             | \$63.62              | \$63.62      |         |         |         |         |                   |                         |  |  |
| 96136  | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES               | 0+   | \$33.07      |             | \$26.45              | \$26.45      |         |         |         |         |                   |                         |  |  |
| 96137  | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDITIONAL 30 MINUTES     | 0+   | \$30.42      |             | \$24.34              | \$24.34      |         |         |         |         |                   |                         |  |  |
| 96138  | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES                               | 0+   | \$25.70      |             | \$20.56              | \$20.56      |         |         |         |         |                   |                         |  |  |
| 96139  | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES                     | 0+   | \$26.45      |             | \$21.16              | \$21.16      |         |         |         |         |                   |                         |  |  |
| 96146  | NEUROPSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTO RESULTS ONLY          | 0+   | \$31.63      |             | \$25.30              | \$25.30      |         |         |         |         |                   |                         |  |  |
| 96156  | HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT <sup>4</sup>   | 0+   | \$81.64      |             | \$65.31              | \$65.31      | \$57.15 | \$57.15 | \$57.15 | \$57.15 | \$48.99           | \$48.99                 |  |  |
| 96158  | HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; FIRST 30 MINUTES <sup>4</sup>                            | 0+   | \$55.34      |             | \$44.27              | \$44.27      | \$38.73 | \$38.73 | \$38.73 | \$38.73 | \$33.20           | \$33.20                 |  |  |
| 96159  | HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES <sup>4</sup>                  | 0+   | \$18.73      |             | \$14.99              | \$14.99      | \$13.11 | \$13.11 | \$13.11 | \$13.11 | \$11.24           | \$11.24                 |  |  |
| 96164  | HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; FIRST 30 MINUTES <sup>4</sup>                                 | 0+   | \$8.50       |             | \$6.80               | \$6.80       | \$5.95  | \$5.95  | \$5.95  | \$5.95  | \$5.10            | \$5.10                  |  |  |
| 96165  | HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES <sup>4</sup>                       | 0+   | \$3.83       |             | \$3.06               | \$3.06       | \$2.68  | \$2.68  | \$2.68  | \$2.68  | \$2.30            | \$2.30                  |  |  |
| 96167  | HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES <sup>4</sup>           | 0+   | \$58.41      |             | \$46.73              | \$46.73      | \$40.89 | \$40.89 | \$40.89 | \$40.89 | \$35.05           | \$35.05                 |  |  |
| 96168  | HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES <sup>4</sup> | 0+   | \$20.93      |             | \$16.74              | \$16.74      | \$14.65 | \$14.65 | \$14.65 | \$14.65 | \$12.56           | \$12.56                 |  |  |
| 96170  | HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES                     | 0-20 | \$25.52      |             | \$20.42              | \$20.42      |         |         |         |         |                   |                         |  |  |
| 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           | 0-20 | \$12.76      |             | \$10.21              | \$10.21      |         |         |         |         |                   |                         |  |  |
| 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+   | \$21.68      | \$17.34     | \$17.34              |              |         |         |         |         |                   |                         |  |  |
| 99202  | NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15 Min)  | 0+   | \$57.45      | \$45.96     | \$45.96              |              |         |         |         |         |                   |                         |  |  |
| 99203  | NEW PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)  | 0+   | \$89.35      | \$71.48     | \$71.48              |              |         |         |         |         |                   |                         |  |  |
| 99204  | NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45 Min)                                       | 0+   | \$134.57     | \$107.66    | \$107.66             |              |         |         |         |         |                   |                         |  |  |
| 99205  | NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60 Min) <sup>2</sup>                              | 0+   | \$177.74     | \$142.19    | \$142.19             |              |         |         |         |         |                   |                         |  |  |
| 99211  | ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS   | 0-20 | \$18.09      | \$14.47     | \$14.47              |              |         |         |         |         |                   |                         |  |  |
| 99211  | ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS   | 21+  | \$21.64      | \$17.31     | \$17.31              |              |         |         |         |         |                   |                         |  |  |
| 99212  | ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)   | 0+   | \$46.39      | \$37.11     | \$37.11              |              |         |         |         |         |                   |                         |  |  |
| 99213  | ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20 Min)  | 0+   | \$72.76      | \$58.21     | \$58.21              |              |         |         |         |         |                   |                         |  |  |
| 99214  | ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)  | 0-20 | \$102.83     | \$82.27     | \$82.27              |              |         |         |         |         |                   |                         |  |  |
| 99214  | ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)  | 21+  | \$109.77     | \$87.82     | \$87.82              |              |         |         |         |         |                   |                         |  |  |
| 99215  | ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 Min) <sup>2</sup>                      | 0-20 | \$145.16     | \$116.13    | \$116.13             |              |         |         |         |         |                   |                         |  |  |
| 99215  | ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 Min) <sup>2</sup>                      | 21+  | \$158.73     | \$126.98    | \$126.98             |              |         |         |         |         |                   |                         |  |  |
| 9922   |  |      |              |             |                      |              |         |         |         |         |                   |                         |  |  |

| Code     | Description  | SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes |              |             |                      |              |          |          |          |          |                   |                         |  |
|----------|--|--|--------------|-------------|----------------------|--------------|----------|----------|----------|----------|-------------------|-------------------------|--|
|          |  | Age  | Psychiatrist | APRN/CNS/PA | Medical Psychologist | Psychologist | LCSW     | LPC      | LMFT     | LAC      | LMSW <sup>5</sup> | PLPC/PLMFT <sup>5</sup> |  |
|          |  |  | AF           | SA          | HP                   | AH           | AJ       | HO       | HO       | HF       | U4                | UA                      |  |
| 99235    | HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE LEVEL, 70 MINUTES MUST BE MET OR EXCEEDED  | 0+   | \$129.50     | \$103.60    | \$103.60             |              |          |          |          |          |                   |                         |  |
| 99236    | HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH LEVEL, 85 MINUTES MUST BE MET OR EXCEEDED  | 0+   | \$169.45     | \$135.56    | \$135.56             |              |          |          |          |          |                   |                         |  |
| 99238    | HOSPITAL DISCHARGE DAY MANAGEMENT (30 MINUTES OR LESS ON THE DATE OF THE ENCOUNTER)  | 0+   | \$65.44      | \$52.35     | \$52.35              |              |          |          |          |          |                   |                         |  |
| 99239    | HOSPITAL DISCHARGE DAY (MORE THAN 30 MINUTES ON THE DATE OF THE ENCOUNTER)   | 0+   | \$92.42      | \$73.94     | \$73.94              |              |          |          |          |          |                   |                         |  |
| 99281    | EMERGENCY DEPARTMENT VISIT, SELF LIM   | 0+   | \$14.58      | \$11.66     | \$11.66              |              |          |          |          |          |                   |                         |  |
| 99282    | EMERGENCY DEPARTMENT VISIT, LOW  | 0+   | \$34.32      | \$27.46     | \$27.46              |              |          |          |          |          |                   |                         |  |
| 99283    | EMERGENCY DEPARTMENT VISIT, MODERATE   | 0+   | \$58.47      | \$46.78     | \$46.78              |              |          |          |          |          |                   |                         |  |
| 99284    | EMERGENCY DEPARTMENT VISIT, PROBLEM  | 0+   | \$99.54      | \$79.63     | \$79.63              |              |          |          |          |          |                   |                         |  |
| 99285    | EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   | 0+   | \$144.29     | \$115.43    | \$115.43             |              |          |          |          |          |                   |                         |  |
| 99304    | INITIAL NURSING FACILITY VISIT - LOW LEVEL, 25 MINUTES MUST BE MET OR EXCEEDED   | 0+   | \$66.63      | \$53.30     | \$53.30              |              |          |          |          |          |                   |                         |  |
| 99305    | INITIAL NURSING FACILITY VISIT - MODERATE LEVEL, 35 MINUTES MUST BE MET OR EXCEEDED  | 0+   | \$107.87     | \$86.29     | \$86.29              |              |          |          |          |          |                   |                         |  |
| 99306    | INITIAL NURSING FACILITY VISIT - HIGH LEVEL, 45 MINUTES MUST BE MET OR EXCEEDED  | 0+   | \$147.55     | \$118.04    | \$118.04             |              |          |          |          |          |                   |                         |  |
| 99307    | SUBSEQUENT NURSING FACILITY VISIT - MINIMAL LEVEL, 10 MINUTES MUST BE MET OR EXCEEDED  | 0+   | \$32.87      | \$26.30     | \$26.30              |              |          |          |          |          |                   |                         |  |
| 99308    | SUBSEQUENT NURSING FACILITY VISIT - LOW LEVEL, 15 MINUTES MUST BE MET OR EXCEEDED  | 0+   | \$59.98      | \$47.98     | \$47.98              |              |          |          |          |          |                   |                         |  |
| 99309    | SUBSEQUENT NURSING FACILITY VISIT - MODERATE LEVEL, 30 MINUTES MUST BE MET OR EXCEEDED   | 0+   | \$86.85      | \$69.48     | \$69.48              |              |          |          |          |          |                   |                         |  |
| 99310    | SUBSEQUENT NURSING FACILITY VISIT - HIGH LEVEL, 45 MINUTES MUST BE MET OR EXCEEDED   | 0+   | \$124.17     | \$99.33     | \$99.33              |              |          |          |          |          |                   |                         |  |
| 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+  | \$40.15      | \$32.12     | \$32.12              |              |          |          |          |          |                   |                         |  |
| 99342    | NEW PATIENT HOME VISIT - LOW LEVEL, 30 MINUTES MUST BE MET OR EXCEEDED   | 0+   | \$65.20      | \$52.16     | \$52.16              |              |          |          |          |          |                   |                         |  |
| 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+  | \$115.57     | \$92.45     | \$92.45              |              |          |          |          |          |                   |                         |  |
| 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+  | \$163.59     | \$130.87    | \$130.87             |              |          |          |          |          |                   |                         |  |
| 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+  | \$36.82      | \$29.46     | \$29.46              |              |          |          |          |          |                   |                         |  |
| 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+  | \$62.11      | \$49.69     | \$49.69              |              |          |          |          |          |                   |                         |  |
| 99349    | ESTABLISHED PATIENT HOME VISIT - MODERATE LEVEL, 40 MINUTES MUST BE MET OR EXCEEDED  | 0+   | \$103.15     | \$82.52     | \$82.52              |              |          |          |          |          |                   |                         |  |
| 99350    | ESTABLISHED PATIENT HOME VISIT - HIGH LEVEL, 60 MINUTES MUST BE MET OR EXCEEDED  | 0+   | \$150.41     | \$120.33    | \$120.33             |              |          |          |          |          |                   |                         |  |
| 99408    | ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)   | 0+   | \$47.65      | \$38.12     | \$38.12              |              |          |          |          |          |                   |                         |  |
| 99417    | PROLONGED OFFICE OR OTHER OUTPATIENT, EACH ADDITIONAL 15 MINUTES <sup>2</sup>  | 0-20   | \$29.18      | \$23.34     | \$23.34              |              |          |          |          |          |                   |                         |  |
| 99417    | PROLONGED OFFICE OR OTHER OUTPATIENT, EACH ADDITIONAL 15 MINUTES <sup>2</sup>  | 21+  | \$24.32      | \$19.46     | \$19.46              |              |          |          |          |          |                   |                         |  |
| 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              | \$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+   | \$38.17      |             | \$30.54              | \$30.54      |          |          |          |          |                   |                         |  |
| 96137 TG | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDT'L 30 MINUTES (NEUROPSYCH)                  | 0+   | \$38.17      |             | \$30.54              | \$30.54      |          |          |          |          |                   |                         |  |
| 96138 TG | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)  | 0+   | \$25.70      |             | \$20.56              | \$20.56      |          |          |          |          |                   |                         |  |
| 96139 TG | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)                                  | 0+   | \$26.45      |             | \$21.16              | \$21.16      |          |          |          |          |                   |                         |  |
| 96144 TG | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)                           | 0+   | \$46.15      |             | \$36.92              | \$36.92      |          |          |          |          |                   |                         |  |
| 99202 TH | NEW PATIENT - EXPANDED PROBLEM FOCUSED (PREGNANT/PARENTING) (15 Min)   | 10-59  | \$61.04      |             |                      |              |          |          |          |          |                   |                         |  |
| 99203 TH | NEW PATIENT - DETAILED (PREGNANT/PARENTING) (30 Min)   | 10-59  | \$94.94      |             |                      |              |          |          |          |          |                   |                         |  |
| 99204 TH | NEW PATIENT - COMPREHENSIVE MODERATE COMPLEXITY (PREGNANT/PARENTING) (45 Min)  | 10-59  | \$142.98     |             |                      |              |          |          |          |          |                   |                         |  |
| 99205 TH | NEW PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PREGNANT/PARENTING) (60 Min)  | 10-59  | \$188.85     |             |                      |              |          |          |          |          |                   |                         |  |
| 99211 TH | ESTABLISHED PATIENT - MINIMAL PROBLEMS (PREGNANT/PARENTING)  | 10-20  | \$19.22      |             |                      |              |          |          |          |          |                   |                         |  |
| 99211 TH | ESTABLISHED PATIENT - MINIMAL PROBLEMS (PREGNANT/PARENTING)  | 21-59  | \$24.89      |             |                      |              |          |          |          |          |                   |                         |  |
| 99212 TH | ESTABLISHED PATIENT - PROBLEM FOCUSED (PREGNANT/PARENTING) (10 Min)  | 10-59  | \$49.29      |             |                      |              |          |          |          |          |                   |                         |  |
| 99213 TH | ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PREGNANT/PARENTING) (20 Min)   | 10-20  | \$77.61      |             |                      |              |          |          |          |          |                   |                         |  |
| 99214 TH | ESTABLISHED PATIENT - DETAILED (PREGNANT/PARENTING) (30 Min)   | 10-20  | \$109.26     |             |                      |              |          |          |          |          |                   |                         |  |
| 99214 TH | ESTABLISHED PATIENT - DETAILED (PREGNANT/PARENTING) (30 Min)   | 21-59  | \$122.61     |             |                      |              |          |          |          |          |                   |                         |  |
| 99215 TH | ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PREGNANT/PARENTING) (40 Min)  | 10-20  | \$154.24     |             |                      |              |          |          |          |          |                   |                         |  |
| 99215 TH | ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PREGNANT/PARENTING) (40 Min)  | 21-59  | \$168.65     |             |                      |              |          |          |          |          |                   |                         |  |
| H2021    | DIALECTICAL BEHAVIORAL THERAPY, INDIVIDUAL (Per Visit) - <i>Effective 3/1/2025</i>   | 0+   | \$200.00     | \$200.00    | \$200.00             | \$200.00     | \$200.00 | \$200.00 | \$200.00 | \$200.00 | \$200.00          | \$200.00                |  |
| H2021 HQ | DIALECTICAL BEHAVIORAL THERAPY, GROUP (Per Visit) - <i>Effective 3/1/2025</i>  | 0+   | \$177.68     | \$177.68    | \$177.68             | \$177.68     | \$177.68 | \$177.68 | \$177.68 | \$177.68 | \$177.68          | \$177.68                |  |
| H0049    | ALCOHOL AND/OR DRUG SCREENING  | 0+   | \$14.78      | \$11.82     | \$11.82              |              |          |          |          |          |                   |                         |  |
| H0050    | ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)   | 0+   | \$34.50      | \$27.60     | \$27.60              |              |          |          |          |          |                   |                         |  |

<sup>1</sup> Provider type modifiers are not applicable to FQHC/RHC claims.

<sup>2</sup> CPT code 99417 for 15 minutes of prolonged care, done on the same day as office/outpatient codes 99205 or 99215

<sup>3</sup> Do not report CPT code 99417 on the same date of service as 90833, 90836, 90838

<sup>4</sup> Effective 1/1/2024 for LCSW, LPC, LMFT providers

<sup>5</sup> PLPCs/PLMFTs and LMSWs may be rendering providers only for DOS on or after 8/01/2024. They must not bill independently.

<sup>6</sup> CPT code 90867 should be reported only once (within a 6 week time period) per patient for the episode (initial planning) and NOT in conjunction with CPT codes 90868 or 90869

<sup>7</sup> Do not report CPT code 90869 in conjunction with 90867 or 90868

| SPECIALIZED BEHAVIORAL HEALTH SERVICES - HCPCS CODES |   |                       |          |       |                     |                       |                           |                |
|--|---|-----------------------|----------|-------|---------------------|-----------------------|---------------------------|----------------|
| Code   | Description   | Modifier <sup>1</sup> | Unit     | Age   | Master's Level (HO) | Bachelor's Level (HN) | Less than Bachelor's (HM) | Other Per Diem |
| H0001  | ALCOHOL AND/OR DRUG ASSESSMENT - <i>Effective 1/1/2026</i>  |                       | Visit    | 0-17  | \$81.59             | \$67.95               | \$54.30                   |                |
| H0001  | ALCOHOL AND/OR DRUG ASSESSMENT - <i>Effective 1/1/2026</i>  |                       | Visit    | 18+   | \$81.59             | \$79.81               | \$78.03                   |                |
| H0004  | ALCOHOL AND/OR DRUG SERVICES - INDIVIDUAL - <i>Effective 1/1/2026</i>   |                       | 15 min   | 0-17  | \$17.66             | \$15.97               | \$14.28                   |                |
| H0004  | ALCOHOL AND/OR DRUG SERVICES - INDIVIDUAL - <i>Effective 1/1/2026</i>   |                       | 15 min   | 18+   | \$18.57             | \$16.80               | \$15.02                   |                |
| H0005  | ALCOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON) - <i>Effective 1/1/2026</i>   | HQ                    | Visit    | 0-17  | \$11.54             | \$9.84                | \$8.15                    |                |
| H0005  | ALCOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON) - <i>Effective 1/1/2026</i>   | HQ                    | Visit    | 18+   | \$11.54             | \$11.03               | \$10.51                   |                |
| H0005  | ALCOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) - <i>Effective 1/1/2026</i>                                   | HR or HS              | Visit    | 0-17  | \$26.91             | \$22.98               | \$19.04                   |                |
| H0005  | ALCOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) - <i>Effective 1/1/2026</i>                                   | HR or HS              | Visit    | 18+   | \$26.91             | \$25.52               | \$24.12                   |                |
| H0011  | ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM - <i>Effective 1/1/2026</i>   | TG                    | Day      | 21+   |                     |                       |                           | \$425.61       |
| H0011  | ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD <sup>2</sup>   | SE                    | Day      | 21+   |                     |                       |                           | \$43.50        |
| H0012  | ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM - <i>Effective 10/1/24</i>   |                       | Day      | 0+    |                     |                       |                           | \$90.19        |
| H0012  | ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD <sup>2</sup>  | SE                    | Day      | 21+   |                     |                       |                           | \$47.85        |
| H0014  | ALCOHOL AND/OR DRUG SERVICES - AMBULATORY DETOX 2.7 - <i>Effective 1/1/2026</i>   |                       | Day      | 0+    |                     |                       |                           | \$202.38       |
| H0015  | ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - <i>Effective 1/1/2026</i>                               |                       | Day      | 0+    | \$180.00            | \$150.00              | \$120.00                  |                |
| 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 - <i>Effective 10/1/24</i>  | HF                    | Day      | 21+   |                     |                       |                           | \$104.38       |
| H0019  | BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD <sup>2</sup>   | SE, HF                | Day      | 21+   |                     |                       |                           | \$21.50        |
| H0020  | ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - <i>Effective 10/1/24</i>                           |                       | Day      | 0+    |                     |                       |                           | \$20.41        |
| H0020  | ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - <i>Effective 10/1/24</i>               | U8                    | Day      | 0+    |                     |                       |                           | \$20.41        |
| 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 <i>Effective 10/5/22</i>  | HQ                    | 15 min   | 21+   | \$1.26              | \$1.26                | \$1.26                    |                |
| H0039  | ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH - <i>Effective 10/1/2023</i>                  | U1                    | Month    | 18+   |                     |                       |                           | \$1,592.00     |
| H0039  | ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH - <i>Effective 10/1/2023</i>                 | U2                    | Month    | 18+   |                     |                       |                           | \$1,302.00     |
| H0039  | ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH - <i>Effective 10/1/2023</i>                 | U3                    | Month    | 18+   |                     |                       |                           | \$1,085.00     |
| H0039  | ASSERTIVE COMMUNITY TREATMENT - SUBSEQUENT MONTHS - <i>Effective 10/1/2023</i>  |                       | Month    | 18+   |                     |                       |                           | \$1,592.00     |
| H0045  | CRISIS STABILIZATION - INDIVIDUAL - <i>Effective 10/01/16</i>   | HA                    | Day      | 0-20  |                     |                       |                           | \$180.00       |
| H0047  | ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE) - <i>Effective 10/1/24</i>                                   |                       | Day      | 0+    |                     |                       |                           | \$19.83        |
| H0047  | ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE - TAKE HOME) - <i>Effective 10/1/24</i>                       | U8                    | Day      | 0+    |                     |                       |                           | \$19.83        |
| H2011  | CRISIS INTERVENTION FOLLOW UP   |                       | 15 min   | 0+    | \$31.69             | \$31.69               | \$23.17                   |                |
| H2011  | MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW UP - <i>Effective 4/1/2024</i>   | TG, 95                | 15 min   | 0-20  | \$29.09             | \$29.09               | \$29.09                   |                |
| H2011  | MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - <i>Effective 4/1/2024</i>  | TG, U8                | 15 min   | 0-20  | \$37.91             | \$37.91               | \$37.91                   |                |
| H2011  | COMMUNITY BRIEF CRISIS SUPPORT - <i>Effective 4/1/2024</i>  | HK                    | 15 min   | 0-20  | \$38.16             | \$38.16               | \$38.16                   |                |
| 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) - <i>Effective 10/1/24</i>                   | TG, HF                | Day      | 0-17  |                     |                       |                           | \$419.36       |
| H2013  | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM 3.7WM) - <i>Effective 10/1/24</i>                 | HK                    | Day      | 0-17  |                     |                       |                           | \$419.36       |
| 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 - <i>Effective 10/1/24</i>   |                       | Day      | 0-17  |                     |                       |                           | \$75.19        |
| H2034  | ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 - <i>Effective 1/1/2026</i>  |                       | Day      | 18+   |                     |                       |                           | \$120.26       |
| H2034  | ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 (PREGNANT/PARENTING) - <i>Effective 1/1/2026</i>                       | TH                    | Day      | 18-59 |                     |                       |                           | \$150.55       |
| H2034  | ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 ROOM AND BOARD <sup>2</sup>  | SE                    | Day      | 21+   |                     |                       |                           | \$14.70        |
| H2036  | ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 - <i>Effective 10/1/24</i>  |                       | Day      | 0-17  |                     |                       |                           | \$265.59       |
| H2036  | ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 - <i>Effective 1/1/2026</i>   |                       | Day      | 18+   |                     |                       |                           | \$303.67       |
| H2036  | ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 ROOM AND BOARD <sup>2</sup>   | SE                    | Day      | 21+   |                     |                       |                           | \$31.62        |
| H2036  | ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 (PREGNANT/PARENTING) - <i>Effective 10/1/24</i>                             | TH                    | Day      | 10-17 |                     |                       |                           | \$265.59       |
| H2036  | ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 (PREGNANT/PARENTING) - <i>Effective 1/1/2026</i>                            | TH                    | Day      | 18-59 |                     |                       |                           | \$364.24       |
| H2036  | ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 - <i>Effective 1/1/2026</i>   | TG                    | Day      | 18+   |                     |                       |                           | \$404.13       |
| H2036  | ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD <sup>2</sup>   | SE, TG                | Day      | 21+   |                     |                       |                           | \$56.26        |
| J0571  | BUPRENORPHINE, ORAL, 1 MG - <i>Effective 10/1/24</i>  |                       | 1mg      | 0+    |                     |                       |                           | \$0.14         |
| J0571  | BUPRENORPHINE, ORAL, 1 MG (TAKE HOME) - <i>Effective 10/1/24</i>  | RD                    | 1mg      | 0+    |                     |                       |                           | \$0.14         |
| J0572  | BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG - <i>Effective 10/1/24</i>                                     |                       | One Dose | 0+    |                     |                       |                           | \$5.74         |
| J0572  | BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG (TAKE HOME) - <i>Effective 10/1/24</i>                         | RD                    | One Dose | 0+    |                     |                       |                           | \$5.74         |
| J0573  | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG - <i>Effective 10/1/24</i>              |                       | One Dose | 0+    |                     |                       |                           | \$10.26        |
| J0573  | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG (TAKE HOME) - <i>Effective 10/1/24</i>  | RD                    | One Dose | 0+    |                     |                       |                           | \$10.26        |
| J0574  | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG - <i>Effective 10/1/24</i>             |                       | One Dose | 0+    |                     |                       |                           | \$10.26        |
| J0574  | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG (TAKE HOME) - <i>Effective 10/1/24</i> | RD                    | One Dose | 0+    |                     |                       |                           | \$10.26        |
| J0575  | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG - <i>Effective 10/1/24</i>   |                       | One Dose | 0+    |                     |                       |                           | \$20.53        |
| J0575  | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG (TAKE HOME) - <i>Effective 10/1/24</i>                                 | RD                    | One Dose | 0+    |                     |                       |                           | \$20.53        |
| S9484  | BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 7/1/25</i>                      | HK                    | One Hour | 18-20 | \$98.12             | \$98.12               | \$98.12                   |                |
| S9484  | BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 7/1/25</i>                      | TG                    | One Hour | 18-20 | \$137.35            | \$137.35              | \$137.35                  |                |
| S9485  | BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 7/1/25</i>                      | HK                    | Per Diem | 18-20 | \$392.46            | \$392.46              | \$392.46                  |                |
| S9485  | BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 7/1/25</i>                      | TG                    | Per Diem | 18-20 | \$549.40            | \$549.40              | \$549.40                  |                |
| S9485  | CRISIS INTERVENTION PER DIEM  |                       | Day      | 0+    | \$353.65            | \$353.65              | \$278.05                  |                |
| S9485  | MOBILE CRISIS RESPONSE - INITIAL CONTACT - <i>Effective 4/1/2024</i>  | HA, TG, U8            | Day      | 0-20  |                     |                       |                           | \$493.72       |

<sup>1</sup> Note: Degree level modifiers can be added as applicable. Licensed Mental Health Professionals should bill accordingly. These modifiers are not applicable to FQHC/RHC claims.

<sup>2</sup> Note: Room and Board is not a State Plan service, but was historically covered under LBHP at the rates listed.

| SPECIALIZED BEHAVIORAL HEALTH SERVICES - SUD Services TEMPORARY Rate Increase |   |            |          |       |  |  |  |  |  |  |
|---|---|------------|----------|-------|--|--|--|--|--|--|
| EFFECTIVE FOR DATES OF SERVICE DECEMBER 1, 2024 THROUGH JUNE 30, 2025 ONLY    |   |            |          |       |  |  |  |  |  |  |
| Code  | Description   | Modifier   | Unit     | Age   | Master's Level (HO) Temporary 25% Increase +add't 25% Increase | Bachelor's Level (HN) Temporary 25% Increase +add't 25% Increase | Less than Bachelor's (HM) Temporary 25% Increase +add't 25% Increase | Other/ Per Diem Temporary 25% Increase +add't 25% Increase |  |  |
| H0001   | ALCOHOL AND/OR DRUG ASSESSMENT (PREGNANT/PARENTING)   | TH         | Visit    | 10-59 | \$101.98   | \$101.98   | \$67.88  |  |  |  |
| H0004   | ALCOHOL AND/OR DRUG SERVICES - INDIVIDUAL (PREGNANT/PARENTING)  | TH         | 15 min   | 10-59 | \$22.08  | \$22.08  | \$17.84  |  |  |  |
| H0005   | ALCOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON) (PREGNANT/PARENTING)  | HQ, TH     | Visit    | 10-59 | \$14.42  | \$14.42  | \$10.19  |  |  |  |
| H0005   | ALCOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) (PREGNANT/PARENTING)                                    | HR, HS, TH | Visit    | 10-59 | \$33.64  | \$33.64  | \$23.80  |  |  |  |
| H0011   | ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM (PREGNANT/PARENTING)  | TG, TH     | Day      | 21-59 |  |  |  | \$453.13   |  |  |
| H0012   | ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM (PREGNANT/PARENTING)   | TH         | Day      | 10-59 |  |  |  | \$112.73   |  |  |
| H0015   | ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP (PREGNANT/PARENTING)                                | TH         | Day      | 10-59 | \$225.00   | \$225.00   | \$150.00   |  |  |  |
| H0019   | BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 (PREGNANT/PARENTING)  | HF, TH     | Day      | 21-59 |  |  |  | \$130.47   |  |  |
| H0020   | ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (PREGNANT/PARENTING)                           | TH         | Day      | 10-59 |  |  |  | \$25.52  |  |  |
| H0020   | ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) (PREGNANT/PARENTING)               | U8, TH     | Day      | 10-59 |  |  |  | \$25.52  |  |  |
| H0047   | ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE) (PREGNANT/PARENTING)                                   | TH         | Day      | 10-59 |  |  |  | \$24.78  |  |  |
| H0047   | ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE - TAKE HOME) (PREGNANT/PARENTING)                       | U8, TH     | Day      | 10-59 |  |  |  | \$24.78  |  |  |
| H2013   | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM 3.7) (PREGNANT/PARENTING)                   | TG, HF, TH | Day      | 10-20 |  |  |  | \$524.20   |  |  |
| H2013   | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM 3.7WM) (PREGNANT/PARENTING)                 | HK, TH     | Day      | 21-59 |  |  |  | \$524.20   |  |  |
| H2034   | ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 (PREGNANT/PARENTING)   | TH         | Day      | 10-20 |  |  |  | \$93.98  |  |  |
| H2034   | ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 (PREGNANT/PARENTING)   | TH         | Day      | 21-59 |  |  |  | \$109.84   |  |  |
| H2036   | ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 (PREGNANT/PARENTING)  | TH         | Day      | 10-20 |  |  |  | \$331.98   |  |  |
| H2036   | ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 (PREGNANT/PARENTING)  | TG, TH     | Day      | 21-59 |  |  |  | \$453.13   |  |  |
| J0571   | BUPRENORPHINE, ORAL, 1 MG (PREGNANT/PARENTING)  | TH         | 1mg      | 10-59 |  |  |  | \$0.17   |  |  |
| J0571   | BUPRENORPHINE, ORAL, 1 MG (TAKE HOME) (PREGNANT/PARENTING)  | RD, TH     | 1mg      | 10-59 |  |  |  | \$0.17   |  |  |
| J0572   | BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG (PREGNANT/PARENTING)                                     | TH         | One Dose | 10-59 |  |  |  | \$7.17   |  |  |
| J0572   | BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG (TAKE HOME) (PREGNANT/PARENTING)                         | RD, TH     | One Dose | 10-59 |  |  |  | \$7.17   |  |  |
| J0573   | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG (PREGNANT/PARENTING)              | TH         | One Dose | 10-59 |  |  |  | \$12.83  |  |  |
| J0573   | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG (TAKE HOME) (PREGNANT/PARENTING)  | RD, TH     | One Dose | 10-59 |  |  |  | \$12.83  |  |  |
| J0574   | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG (PREGNANT/PARENTING)             | TH         | One Dose | 10-59 |  |  |  | \$12.83  |  |  |
| J0574   | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG (TAKE HOME) (PREGNANT/PARENTING) | RD, TH     | One Dose | 10-59 |  |  |  | \$12.83  |  |  |
| J0575   | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG (PREGNANT/PARENTING)   | TH         | One Dose | 10-59 |  |  |  | \$25.66  |  |  |
| J0575   | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG (TAKE HOME) (PREGNANT/PARENTING)                                 | RD, TH     | One Dose | 10-59 |  |  |  | \$25.66  |  |  |

| 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 $\geq$ 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 $\geq$ 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  |  |
| 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 - BHS LICENSE (BILLABLE FOR $\geq$ 4 HOURS/DAY) - <i>Effective 12/1/22</i> | HK       | Per Diem   | \$392.46 |  |
| S9485                 | BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR $\geq$ 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 <sup>1</sup>    | TG         | Visit  | \$128.58       |                     |                       |                               |
| 96156                                      | HEALTH BEHAVIOR ASSESSMENT, OR REASSESSMENT - CPST COMMUNITY <sup>1</sup> | 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         |                     |                       |                               |

<sup>1</sup> 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            |  |
| <b>H2022<br/>Effective<br/>4/1/2024</b>                          | <del>PSYCHOSOCIAL REHABILITATION GROUP OFFICE</del>                                 | <del>VOA North Louisiana</del>                            | <del>HB,HQ</del> | <del>15-min.</del> | <del>\$2.10</del>   |  |
|  | <del>PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY</del>                              | <del>VOA North Louisiana</del>                            | <del>HB,HQ</del> | <del>15-min.</del> | <del>\$2.10</del>   |  |
|  | <del>PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH</del>  | <del>VOA North Louisiana</del>                            | <del>HB,U1</del> | <del>Month</del>   | <del>\$900.00</del> |  |
|  | <del>PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH</del> | <del>VOA North Louisiana</del>                            | <del>HB,U2</del> | <del>Month</del>   | <del>\$600.00</del> |  |
|  | <del>PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH</del> | <del>VOA North Louisiana</del>                            | <del>HB,U3</del> | <del>Month</del>   | <del>\$300.00</del> |  |
|  | <del>PSYCHOSOCIAL REHABILITATION - SUBSEQUENT MONTHS</del>                          | <del>VOA North Louisiana</del>                            | <del>HB</del>    | <del>Month</del>   | <del>\$900.00</del> |  |
| 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 |

The H2022 service provided by VOA North Louisiana was approved as an In Lieu of service, and is therefore being removed from the fee schedule effective 9/5/2025.

| <b>SPECIALIZED BEHAVIORAL HEALTH SERVICES - COORDINATED SYSTEM OF CARE</b> |   |                 |                          |             |
|--|---|-----------------|--------------------------|-------------|
| <b>Effective 12.1.15, unless noted otherwise</b>                           |   |                 |                          |             |
| <b>Code</b>  | <b>Description</b>  | <b>Modifier</b> | <b>Unit</b>              | <b>Rate</b> |
| S5110  | PARENT SUPPORT AND TRAINING – INDIVIDUAL <sup>1</sup> <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 <sup>1</sup> <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  |                 | Visit of 30 min. or more | \$9.86      |
| 99368  | CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL |                 | Visit of 30 min. or more | \$9.86      |

<sup>1</sup> 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   |
| 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 eligible services provided via telehealth MUST include the combination of Place of Service (POS) = 02 or 10 AND 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                                  | <b>SUBSTANCE USE PROGRAM</b>                                 | 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 or a LAC   |
| 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) - Effective 1/1/2023  |
| 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 Effective 7/1/22  |
| TG                                  | COMPLEX HIGH TECH LEVEL OF CARE                              | Used to bill CPST Assessments - 96156 Effective 1/1/23   |
| TH                                  | OBSTETRICAL TREATMENT/SERVICES, <b>PREGNANT/PARENTING</b>    | Used to bill for services provided prenatally or postpartum (Age 10-59)  |
| TS                                  | FOLLOW UP SERVICE  | Used to bill for services provided subsequent to initial service billed  |
| UA                                  | PROVISIONALLY LICENSED PROVIDER                              | Used to bill for services provided by PLPC or PLMFT  |
| U4                                  | LICENSED MASTER OF SOCIAL WORK                               | Used to bill for services provided by a LMSW   |
| U8                                  | SERVICES PROVIDED IN NATURAL ENVIRONMENT                     | Used to bill for services provided in the community - H0036, H2017, H0012, H0047, H2011  |