

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

| Code | Description | Age | Psychiatrist | | | APRN/CNS/PA | | Medical Psychologist | Psychologist | LCSW | LPC | LMFT | LAC |
|-------|--|------|----------------------|----------|----------|-------------|---------|----------------------|--------------|---------|---------|---------|-----|
| | | | HA=Child HB=Adult | AF | SA | HP | AH | AJ | HO | HF | | | |
| 90785 | INTERACTIVE COMPLEXITY, ADD ON | 0-20 | \$3.44 | \$2.75 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$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 | \$15.44 | \$15.44 | |
| 90853 | GROUP PSYCHOTHERAPY | 21+ | \$22.05 | \$17.64 | \$17.64 | \$17.64 | \$15.44 | \$15.44 | \$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 | | | | | | |
| 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 | \$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 | | | | | | |

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

| Code | Description | Age | Psychiatrist | APRN/CNS/PA | Medical Psychologist | Psychologist | LCSW | LPC | LMFT | LAC |
|-------|--|------|--------------|-------------|----------------------|--------------|------|-----|------|-----|
| 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 | | | | | |
| 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 | | | | | |
| 99218 | HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min) | 0-20 | \$44.91 | \$35.93 | \$35.93 | | | | | |
| 99218 | HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min) | 21+ | \$44.91 | \$35.93 | \$35.93 | | | | | |
| 99219 | HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) | 0-20 | \$74.41 | \$59.53 | \$59.53 | | | | | |
| 99219 | HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) | 21+ | \$74.41 | \$59.53 | \$59.53 | | | | | |
| 99220 | HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) | 0-20 | \$104.35 | \$83.48 | \$83.48 | | | | | |
| 99220 | HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) | 21+ | \$104.35 | \$83.48 | \$83.48 | | | | | |
| 99221 | INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min) | 0-20 | \$64.43 | \$51.54 | \$51.54 | | | | | |
| 99221 | INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min) | 21+ | \$64.43 | \$51.54 | \$51.54 | | | | | |
| 99222 | INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) | 0-20 | \$87.95 | \$70.36 | \$70.36 | | | | | |
| 99222 | INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) | 21+ | \$87.95 | \$70.36 | \$70.36 | | | | | |
| 99223 | INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) | 0-20 | \$129.38 | \$103.50 | \$103.50 | | | | | |
| 99223 | INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) | 21+ | \$129.38 | \$103.50 | \$103.50 | | | | | |
| 99231 | SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) | 0-20 | \$26.60 | \$21.28 | \$21.28 | | | | | |
| 99231 | SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) | 21+ | \$26.60 | \$21.28 | \$21.28 | | | | | |
| 99232 | SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) | 0-20 | \$47.84 | \$38.27 | \$38.27 | | | | | |
| 99232 | SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) | 21+ | \$47.84 | \$38.27 | \$38.27 | | | | | |
| 99233 | SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min) | 0-20 | \$68.56 | \$54.85 | \$54.85 | | | | | |
| 99233 | SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min) | 21+ | \$68.56 | \$54.85 | \$54.85 | | | | | |
| 99234 | HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min) | 0-20 | \$91.00 | \$72.80 | \$72.80 | | | | | |
| 99234 | HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min) | 21+ | \$91.00 | \$72.80 | \$72.80 | | | | | |
| 99235 | HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) | 0-20 | \$119.53 | \$95.62 | \$95.62 | | | | | |
| 99235 | HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) | 21+ | \$119.53 | \$95.62 | \$95.62 | | | | | |
| 99236 | HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min) | 0-20 | \$148.52 | \$118.82 | \$118.82 | | | | | |
| 99236 | HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min) | 21+ | \$148.52 | \$118.82 | \$118.82 | | | | | |
| 99238 | HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min) | 0-20 | \$47.25 | \$37.80 | \$37.80 | | | | | |
| 99238 | HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min) | 21+ | \$47.25 | \$37.80 | \$37.80 | | | | | |
| 99239 | HOSPITAL DISCHARGE DAY (>30 Min) | 0-20 | \$68.71 | \$54.97 | \$54.97 | | | | | |
| 99239 | HOSPITAL DISCHARGE DAY (>30 Min) | 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 COMPLEXITY | 0-20 | \$66.63 | \$53.30 | \$53.30 | | | | | |
| 99304 | INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY | 21+ | \$55.53 | \$44.42 | \$44.42 | | | | | |

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

| Code | Description | Age | Psychiatrist | APRN/CNS/PA | Medical Psychologist | Psychologist | LCSW | LPC | LMFT | LAC |
|----------|---|-------|--------------|-------------|-------------------------|--------------|---------|---------|---------|---------|
| 99305 | INITIAL NURSING FACILITY VISIT - MODERATE COMPLEXITY | 0-20 | \$93.24 | \$74.59 | \$74.59 | | | | | |
| 99305 | INITIAL NURSING FACILITY VISIT - MODERATE COMPLEXITY | 21+ | \$77.70 | \$62.16 | \$62.16 | | | | | |
| 99306 | INITIAL NURSING FACILITY VISIT - HIGH COMPLEXITY | 0-20 | \$119.88 | \$95.90 | \$95.90 | | | | | |
| 99306 | INITIAL NURSING FACILITY VISIT - HIGH COMPLEXITY | 21+ | \$99.90 | \$79.92 | \$79.92 | | | | | |
| 99307 | SUBSEQUENT NURSING FACILITY VISIT, PROBLEM | 0-20 | \$32.87 | \$26.30 | \$26.30 | | | | | |
| 99307 | SUBSEQUENT NURSING FACILITY VISIT, PROBLEM | 21+ | \$27.39 | \$21.91 | \$21.91 | | | | | |
| 99308 | SUBSEQUENT NURSING FACILITY VISIT - LOW COMPLEXITY | 0-20 | \$50.20 | \$40.16 | \$40.16 | | | | | |
| 99308 | SUBSEQUENT NURSING FACILITY VISIT - LOW COMPLEXITY | 21+ | \$41.83 | \$33.46 | \$33.46 | | | | | |
| 99309 | SUBSEQUENT NURSING FACILITY VISIT - MODERATE COMPLEXITY | 0-20 | \$66.68 | \$53.34 | \$53.34 | | | | | |
| 99309 | SUBSEQUENT NURSING FACILITY VISIT - MODERATE COMPLEXITY | 21+ | \$55.56 | \$44.45 | \$44.45 | | | | | |
| 99310 | SUBSEQUENT NURSING FACILITY VISIT - HIGH COMPLEXITY | 0-20 | \$98.59 | \$78.87 | \$78.87 | | | | | |
| 99310 | SUBSEQUENT NURSING FACILITY VISIT - HIGH COMPLEXITY | 21+ | \$82.17 | \$65.74 | \$65.74 | | | | | |
| 99324 | NEW PATIENT ASSISTED LIVING VISIT (15 MINUTES) | 0-20 | \$44.73 | \$35.78 | \$35.78 | | | | | |
| 99324 | NEW PATIENT ASSISTED LIVING VISIT (15 MINUTES) | 21+ | \$37.27 | \$29.79 | \$29.79 | | | | | |
| 99325 | NEW PATIENT ASSISTED LIVING VISIT (30 MINUTES) | 0-20 | \$65.20 | \$52.16 | \$52.16 | | | | | |
| 99325 | NEW PATIENT ASSISTED LIVING VISIT (30 MINUTES) | 21+ | \$54.34 | \$43.47 | \$43.47 | | | | | |
| 99326 | NEW PATIENT ASSISTED LIVING VISIT (45 MINUTES) | 0-20 | \$107.86 | \$86.29 | \$86.29 | | | | | |
| 99326 | NEW PATIENT ASSISTED LIVING VISIT (45 MINUTES) | 21+ | \$89.87 | \$71.90 | \$71.90 | | | | | |
| 99327 | NEW PATIENT ASSISTED LIVING VISIT (60 MINUTES) | 0-20 | \$140.72 | \$112.58 | \$112.58 | | | | | |
| 99327 | NEW PATIENT ASSISTED LIVING VISIT (60 MINUTES) | 21+ | \$117.27 | \$93.82 | \$93.82 | | | | | |
| 99328 | NEW PATIENT ASSISTED LIVING VISIT (75 MINUTES) | 0-20 | \$165.74 | \$132.59 | \$132.59 | | | | | |
| 99328 | NEW PATIENT ASSISTED LIVING VISIT (75 MINUTES) | 21+ | \$138.11 | \$110.49 | \$110.49 | | | | | |
| 99334 | ESTABLISHED PATIENT ASSISTED LIVING VISIT (15 MINUTES) | 0-20 | \$46.04 | \$36.83 | \$36.83 | | | | | |
| 99334 | ESTABLISHED PATIENT ASSISTED LIVING VISIT (15 MINUTES) | 21+ | \$38.37 | \$30.70 | \$30.70 | | | | | |
| 99335 | ESTABLISHED PATIENT ASSISTED LIVING VISIT (25 MINUTES) | 0-20 | \$71.40 | \$57.12 | \$57.12 | | | | | |
| 99335 | ESTABLISHED PATIENT ASSISTED LIVING VISIT (25 MINUTES) | 21+ | \$59.50 | \$47.60 | \$47.60 | | | | | |
| 99336 | ESTABLISHED PATIENT ASSISTED LIVING VISIT (40 MINUTES) | 0-20 | \$100.66 | \$80.53 | \$80.53 | | | | | |
| 99336 | ESTABLISHED PATIENT ASSISTED LIVING VISIT (40 MINUTES) | 21+ | \$83.88 | \$67.10 | \$67.10 | | | | | |
| 99337 | ESTABLISHED PATIENT ASSISTED LIVING VISIT (60 MINUTES) | 0-20 | \$144.72 | \$115.78 | \$115.78 | | | | | |
| 99337 | ESTABLISHED PATIENT ASSISTED LIVING VISIT (60 MINUTES) | 21+ | \$120.59 | \$96.47 | \$96.47 | | | | | |
| 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 | | | | | |
| 99451 | INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT - Effective 3/15/21 | 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 ADDTL 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 ADDTL 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 | | | | |
| 96139 TG | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDTL 30 MINUTES (NEUROPSYCH) | 0-20 | \$25.04 | | \$25.04 | \$25.04 | | | | |
| 96139 TG | PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDTL 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.

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 | Visit | 0+ | \$42.38 | \$42.38 | \$34.25 | |
| 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 INDIVIDUAL | | 15 min | 0+ | \$16.17 | \$16.17 | \$11.44 | |
| H0015 | ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 | HQ | 15 min | 0-20 | \$12.00 | \$12.00 | \$8.00 | |
| H0015 | ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP | HQ | 15 min | 21+ | \$12.00 | \$12.00 | \$8.00 | |
| 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 INDIVIDUAL OFFICE | | 15 min | 0+ | \$18.06 | \$14.87 | | |
| H0036 | COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY | U8 | 15 min | 0+ | \$20.28 | \$16.85 | | |
| 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 | | |
| H0036 | COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE | TG | 15 min | 0+ | \$19.00 | \$15.60 | \$15.60 | |
| H0036 | COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY | TG, U8 | 15 min | 0+ | \$21.30 | \$17.70 | \$17.70 | |
| 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 |
| H2017 | PSYCHOSOCIAL REHABILITATION INDIVIDUAL OFFICE | | 15 min | 0+ | \$10.99 | \$10.99 | \$10.99 | |
| H2017 | PSYCHOSOCIAL REHABILITATION INDIVIDUAL COMMUNITY | U8 | 15 min | 0+ | \$12.67 | \$12.67 | \$12.67 | |
| H2017 | PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL OFFICE | TG | 15 min | 0+ | \$10.99 | \$10.99 | \$10.99 | |
| H2017 | PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY | TG, U8 | 15 min | 0+ | \$12.67 | \$12.67 | \$12.67 | |
| H2017 | PSYCHOSOCIAL REHABILITATION GROUP OFFICE | HQ | 15 min | 0-20 | \$2.20 | \$2.20 | \$2.20 | |
| H2017 | PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY | U8, HQ | 15 min | 0-20 | \$2.53 | \$2.53 | \$2.53 | |
| H2017 | PSYCHOSOCIAL REHABILITATION PSH GROUP OFFICE | TG, HQ | 15 min | 0-20 | \$2.20 | \$2.20 | \$2.20 | |
| H2017 | PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY | TG, U8, HQ | 15 min | 0-20 | \$2.53 | \$2.53 | \$2.53 | |
| H2017 | PSYCHOSOCIAL REHABILITATION GROUP OFFICE | HQ | 15 min | 21+ | \$1.37 | \$1.37 | \$1.37 | |
| H2017 | PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY | U8, HQ | 15 min | 21+ | \$1.59 | \$1.59 | \$1.59 | |
| H2017 | PSYCHOSOCIAL REHABILITATION PSH GROUP OFFICE | TG, HQ | 15 min | 21+ | \$1.37 | \$1.37 | \$1.37 | |
| H2017 | PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY | TG, U8, HQ | 15 min | 21+ | \$1.59 | \$1.59 | \$1.59 | |
| 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 3/1/22</i> | TG, U8 | Per Diem | \$360.97 |
| H2011 | MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP - <i>Effective 3/1/22</i> | TG, 95 | 15 Minutes | \$19.44 |
| H2011 | MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - <i>Effective 3/1/22</i> | TG, U8 | 15 Minutes | \$26.06 |
| H2011 | COMMUNITY BRIEF CRISIS SUPPORT - <i>Effective 3/1/22</i> | HK | 15 Minutes | \$27.14 |
| S9484 | BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 4/1/22</i> | HK | One Hour | \$85.53 |
| S9485 | BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 4/1/22</i> | HK | Per Diem | \$342.12 |
| S9484 | BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 4/1/22</i> | TG | One Hour | \$119.64 |
| S9485 | BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 4/1/22</i> | TG | Per Diem | \$478.56 |
| H0045 | CRISIS STABILZATION - INDIVIDUAL <i>Effective 7/1/22</i> | TG | Day | \$664.67 |

SPECIALIZED BEHAVIORAL HEALTH SERVICES - RATES EFFECTIVE JANUARY 1, 2023*

| 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 (COMMUNITY) | TG | Visit | \$128.58 | | | |
| 96156 | HEALTH BEHAVIOR ASSESSMENT, OR REASSESSMENT - CPST (OFFICE) | 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 | | | |
| H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF Louisiana Methodist Children's Home - Greater New Orleans <i>Effective 1/1/2023</i> | | Per Diem | \$496.95 | | | |
| | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF Louisiana Methodist Children's Home - Ruston <i>Effective 1/1/2023</i> | | Per Diem | \$448.73 | | | |
| | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF Louisiana Methodist Children's Home - Sulphur <i>Effective 1/1/2023</i> | | Per Diem | \$547.00 | | | |

*These rates are NOT effective until dates of service on or after 01/01/2023.

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 INDIVIDUAL | Addiction Counseling and Educational Resources, Inc. | HM | 15 min. | \$25.00 |
| | | Addiction Counseling and Educational Resources, Inc. | HN or HO | 15 min. | \$25.00 |
| 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 7/1/18</i> | Louisiana Methodist Children's Home - Greater New Orleans | | Day | \$456.62 |
| | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - <i>Effective 7/1/18</i> | Louisiana Methodist Children's Home - Ruston | | Day | \$421.15 |
| | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - <i>Effective 7/1/18</i> | Louisiana Methodist Children's Home - Sulphur | | Day | \$501.70 |

| 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 |
| <p>* 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.</p> | | | | |

| 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 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 - H0045 Effective 7/1/22 |
| TH | OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM | Used to bill for services provided prenatally or postpartum (Age 10-59) |
| TS | FOLLOW UP SERVICES | Used to bill for services provided subsequent to initial service billed |
| U8 | SERVICES PROVIDED IN NATURAL ENVIRONMENT | Used to bill for services provided in the community - H0036, H2017, H0020, H0047, H2011 |