

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes (V4 Effective 1.1.19)

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

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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				
96150	ASSESS HLTH/BEHAVE, INIT	0-20	\$13.10	\$10.48	\$10.48	\$10.48				
96150	ASSESS HLTH/BEHAVE, INIT	21+	\$16.37		\$13.10	\$13.10				
96151	ASSESS HLTH/BEHAVE, SUBSEQ	0-20	\$12.67	\$10.14	\$10.14	\$10.14				
96151	ASSESS HLTH/BEHAVE, SUBSEQ	21+	\$15.84		\$12.67	\$12.67				
96152	INTERVENE HLTH/BEHAVE, INDIV	0-20	\$12.06		\$9.65	\$9.65				
96152	INTERVENE HLTH/BEHAVE, INDIV	21+	\$15.08		\$12.06	\$12.06				
96153	INTERVENE HLTH/BEHAVE, GROUP	0-20	\$2.89		\$2.31	\$2.31				
96153	INTERVENE HLTH/BEHAVE, GROUP	21+	\$3.61		\$2.89	\$2.89				
96154	INTERV HLTH/BEHAV, FAM W/PT	0-20	\$11.85		\$9.48	\$9.48				
96154	INTERV HLTH/BEHAV, FAM W/PT	21+	\$14.80		\$11.84	\$11.84				
96155	INTERV HLTH/BEHAV FAM NO PT	0-20	\$12.76		\$10.21	\$10.21				
96155	INTERV HLTH/BEHAV FAM NO PT	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					
99201	NEW PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	0-20	\$25.36	\$20.29	\$20.29					
99201	NEW PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	21+	\$25.36	\$20.29	\$20.29					
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20 Min)	0-20	\$44.08	\$35.26	\$35.26					
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20 Min)	21+	\$44.08	\$35.26	\$35.26					
99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)	0-20	\$64.08	\$51.26	\$51.26					
99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)	21+	\$64.08	\$51.26	\$51.26					
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45 Min)	0-20	\$99.52	\$79.62	\$79.62					
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45 Min)	21+	\$99.52	\$79.62	\$79.62					
99205	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60 Min)	0-20	\$125.53	\$100.42	\$100.42					
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60 Min)	21+	\$125.53	\$100.42	\$100.42					
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS (5 Min)	0-20	\$12.73	\$10.18	\$10.18					
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS (5 Min)	21+	\$21.64	\$21.64	\$17.31					
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	0-20	\$27.29	\$21.83	\$21.83					
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	21+	\$46.39	\$37.11	\$37.11					
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15 Min)	0-20	\$42.80	\$34.24	\$34.24					
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15 Min)	21+	\$72.76	\$58.21	\$58.21					
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (25 Min)	0-20	\$64.57	\$51.66	\$51.66					
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (25 Min)	21+	\$109.77	\$87.82	\$87.82					
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 Min)	0-20	\$93.37	\$74.70	\$74.70					
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 Min)	21+	\$158.73	\$126.98	\$126.98					
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						
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						
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						
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					

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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					
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					
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 ADDT'L 30 MINUTES (NEUROPSYCH)	0-20	\$38.17		\$30.53	\$30.53				
96137 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	21+	\$38.17		\$30.53	\$30.53				
96138 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)	0-20	\$25.04		\$25.04	\$25.04				
96138 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)	21+	\$25.04		\$25.04	\$25.04				
96139 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	0-20	\$25.04		\$25.04	\$25.04				
96139 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	21+	\$25.04		\$25.04	\$25.04				
96146 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)	0-20	\$46.15		\$46.15	\$46.15				
96146 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)	21+	\$46.15		\$46.15	\$46.15				
99201 TH	NEW PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10 Min)	10-59	\$27.04							
99202 TH	NEW PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (20 Min)	10-59	\$47.01							
99203 TH	NEW PATIENT - DETAILED (PRENATAL/POST PARTUM) (30 Min)	10-59	\$68.35							
99204 TH	NEW PATIENT - COMPREHENSIVE MODERATE COMPLEXITY (PRENATAL/POST PARTUM) (45 Min)	10-59	\$106.15							
99205 TH	NEW PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (60 Min)	10-59	\$134.33							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM) (5 Min)	10-20	\$13.78							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM) (5 Min)	21-59	\$23.43							
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10 Min)	10-20	\$27.29							
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10 Min)	21-59	\$46.39							
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (15 Min)	10-20	\$45.65							
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (15 Min)	21-59	\$77.61							
99214 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTUM) (25 Min)	10-20	\$67.88							
99214 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTUM) (25 Min)	21-59	\$115.40							
99215 TH	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40 Min)	10-20	\$93.37							
99215 TH	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40 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							

SPECIALIZED BEHAVIORAL HEALTH SERVICES - HCPCS CODES (V4 Effective 1.1.19)

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	HQ	15 min	0-20	\$2.31	\$2.31	\$1.64	
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
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	
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
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
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: Add Age and Degree Level Modifiers as applicable which are indicated in columns E-H. If service is provided by an LMHP, code accordingly

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

■ = Community Psychiatric Support and Treatment Individual Office and Individual Community are no longer billable for providers with less than a Bachelor's.

COMMONLY USED MODIFIERS FOR BILLING (v4 Effective 1.1.19)

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
GT	TELEMEDICINE	Used to bill for services (CPT code) provided via telehealth
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
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
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
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

SPECIALIZED BEHAVIORAL HEALTH SERVICES - PROVIDER SPECIFIC RATES (V4 Effective 1.1.19)

Code	Description	Provider Name	Modifier	Unit	Rate
N/A	INPATIENT PSYCHIATRIC TREATMENT PER DIEM; CHILD ONLY	Children's Hospital - New Orleans DPP		Day	\$669.64
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION BY PSYCHIATRIST	Addiction Counseling and Educational Resources, Inc.	AF	Visit	\$150.00
H0014	ALCOHOL AND/OR DRUG SERVICES - AMBULATORY DETOXIFICATION 2-WM	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 - Effective 7/1/18	Louisiana Methodist Children's Home - Greater New Orleans		Day	\$456.62
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/18	Louisiana Methodist Children's Home - Ruston		Day	\$421.15
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/18	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

* Note: Crisis Stabilization, HB - Adult Only, is not a State Plan service when provided to adults ages 21 and over. Services were historically covered under LBHP at the rate listed for this provider only.

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		15 min.	\$12.91
S5110	PARENT SUPPORT AND TRAINING – GROUP	HQ	15 min.	\$3.23
H0038	YOUTH SUPPORT AND TRAINING – INDIVIDUAL		15 min.	\$12.91
H0038	YOUTH SUPPORT AND TRAINING – GROUP*	HQ	15 min.	\$3.23
H2014	INDEPENDENT LIVING/SKILLS TRAINING – INDIVIDUAL		15 min.	\$7.80
S5150	SHORT TERM RESPITE CARE – INDIVIDUAL		15 min.	\$3.90
99367	CASE CONFERENCE - PARTICIPATION BY PHYSICIAN	HA	Visit of 30 min. or more	\$9.86
99368	CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL	HA	Visit of 30 min. or more	\$9.86

*FSO will use this code for attendance at CFT meetings for CSoC members. Family Support Organization workers attending child and family team meetings for the purposes of developing a treatment plan may bill for their participation time when the client/guardian is in attendance at the meeting and the development of the treatment plan is required for Medicaid.