



HEALTH CARE
AUTHORITY

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Letter of Direction #36-3

Date: June 10, 2025
To: Turquoise Care Managed Care Organizations
From: Dana Flannery, Director, Medical Assistance Division
Subject: Medicaid Provider Payment Rates
Repeal and Replace LOD# 36-2
Title: State Fiscal Year 2025 Payment Rate Increases

This Letter of Direction (LOD) is intended to repeal and replace LOD #36-2 issued by the Health Care Authority/Medical Assistance Division (HCA/MAD) on February 27, 2025. The following update is included in this revised LOD:

- Clarification of Tier 2 and Tier 3 in the **Accredited Residential Treatment Centers for Adults with Substance Use Disorders Section**

The New Mexico Health Care Authority/Medical Assistance Division(HCA/MAD) raised Medicaid provider payment rates effective January 1, 2025, as outlined in House Bill 2 (HB2). Raising Medicaid payment rates will ensure access to high-quality care for Medicaid members through appropriate reimbursement of health care services as well as attract and retain healthcare providers to New Mexico. HCA believes that these rate adjustments will help build and protect the New Mexico Medicaid health care delivery network. The proposed rate increases were supported, endorsed and funded by the New Mexico Legislature during the 2024 regular session.

The purpose of this Letter of Direction (LOD) is to direct Managed Care Organizations (MCO) on the implementation of the provider rate increases that are described in October 9th, 2024, public notice. This increase shall apply to each provider's contracted rates with each MCO. As outlined in HB2 the MCOs shall not negotiate less than the Medicaid fee-for-services (FFS) rate. This includes rates negotiated between MCOs and sub vendors or sub-contractors. Any rate paid to providers for services to Medicaid members within the state of New Mexico (NM) must use the MAD FFS rate as the minimum rate. The Agency expects MCOs to maintain current levels of reimbursement for providers who may be contracted above the rate increases outlined in this LOD.

1. For Maternal & Child Health, Physician & Other Practitioners, and Behavioral Health service areas MCOs are directed to increase payment **to a minimum of 150% of the 2024 Medicare fee schedule**, effective January 1st, 2025, as defined in the rate table attached. This increase shall apply to each provider's contracted rates with each MCO.

2. For all codes in other service areas where Medicare FFS rates are available MCOs are directed to increase payment **to a minimum of 100% of the 2024 Medicare fee schedule**, effective January 1, 2025, as defined in the rate table attached. This increase shall apply to each provider's contracted rates with each MCO.
3. For all other identified codes in other service areas without a Medicare rate, MCOs are directed to increase payment to **at least the FFS amount on the table attached**, effective January 1st, 2025. This increase shall apply to each provider's contracted rates with each MCO.

Accredited Residential Treatment Centers for Adults with Substance Use Disorders

Prior to January 2025, reimbursement is made at a facility specific daily rate established by the agency state audit agent after analyzing the costs to provide services.

Beginning January 1, 2025, Tier 1 services are reimbursed at a statewide prospective rate established by the State of New Mexico.

Beginning January 1, 2025, Tier 2 and 3 services are reimbursed at the greater of the facility specific daily rate previously established or the statewide prospective rate established by the State of New Mexico.

HCA is providing *Attachment A: AARTC Rate Table Revisions to Select Behavioral Health Codes* to this LOD.

RHC/FQHC

For rural primary care clinics and Federally Qualified Health Centers (FQHCs), MCOs are directed to increase payment according to the rate letter sent to the provider. FQHC rates are retroactively effective **October 1, 2024**. This increase shall apply to each provider's contracted rates with each MCO.

Community Benefit Rate Increase

a. Agency-Based Community Benefit

Rates for all Agency-Based Community Benefit (ABCB) services shall be increased effective January 1, 2025, as indicated in the table below. *(Do not refer to the attached special rate tables for ABCB services.* If codes are not listed, there is no increase. MCOs must collaborate with ABCB providers to minimize the administrative burden of this rate increase on providers.

Table 1 Agency Based Community Benefit Rate increases effective 1/1/25

| ABCB Procedure Code | Service Name | Percent of increase |
|------------------------|-------------------------|------------------------|
| T1019 | Personal Care-Delegated | 1.3% |

| | | |
|----------|--|-------|
| 99509 | Personal Care-Directed | 1.3% |
| S5110 | Personal Care-Training | 1.3% |
| G9006 | Personal Care-Admin Fee | 1.3% |
| S5100 | Adult Day Health | 1.3% |
| T1002 U1 | Respite Provided by RN | 1.3% |
| T1002 | Private Duty Nursing Provided by RN | 1.3% |
| S9122 | Home Health Aide | 17.1% |
| H2019 | Behavior Support Consultation | 17.1% |
| H2019 TT | Behavior Support Consultation (Clinic Based) | 17.1% |
| T1003 U1 | Respite Provided by an LPN | 1.3% |
| T1003 | Private Duty Nursing Provided by LPN | 1.3% |
| G0151 | Physical Therapy | 1.3% |
| G0152 | Occupational Therapy | 1.3% |
| G0153 | Speech Therapy | 1.3% |
| S9470 | Nutritional Counseling | 1.3% |

a. *Self-Directed Community Benefit*

Self-Directed Community Benefit (SDCB) rates in the Range of Rates Table (Table 2 below) shall be increased effective January 1, 2025, as indicated below. If an SDCB code is not listed, there is no increase. All current rates that fall below the updated minimum amount in the table below shall be increased in collaboration with the Employer of Record (EOR)/Member. All rates currently within the updated range of rates below can be increased as requested by EOR/Member.

Effective January 1, 2025, the SDCB Range of Rates Table (Table 2 below) should be used to develop new budgets and implement budget revisions. For the impacted SDCB codes below, table 2 should be utilized until updated in the Managed Care Policy Manual.

MCOs have the responsibility to inform their Support Brokers (SB) of the increase in the SDCB range of rates. SBs must work with the SDCB members to determine updated employee and vendor rates. All SDCB members who are updating employee and vendor rates must work with their Care Coordinators and SBs to increase budgets. MCOs must ensure all rates are updated to reflect at least the minimum rate allowed within 60 days of issuance of this Letter of Direction. MCOs must work with Conduent and FOCoS to ensure that the new Range of Rates are reflected correctly in the FOCoS system, and that all Conduent forms are updated as needed within 60 days of the issuance of this LOD.

Table 2: Self-Directed Community Benefit (SDCB) rates in the Range of Rates effective 1/1/25

| SDCB Procedure Code | Service Name | 1/1/25 Updated SDCB Rate | Unit |
|---------------------|-----------------------------------|--------------------------|--------|
| S5100 | Customized Community Supports | \$1.44-9.35 | 15 min |
| 99509 | Self-Directed Personal Care | Minimum wage-\$15.48 | hour |
| G0151 | Physical Therapy | \$14.32-25.67 | 15 min |
| G0152 | Occupational Therapy | \$13.52-25.14 | 15 min |
| G0153 | Speech/Language Pathology | \$17.03-25.68 | 15 min |
| H2019 | Behavior Support Consultation | \$15.00-25.32 | 15 min |
| S9122 | HH Aide | \$20.00 | hour |
| S9470 | Nutritional Counseling | \$45.41 | hour |
| T1002 | Private Duty Nursing- Adults- RN | 11.56 | 15 min |
| T1003 | Private Duty Nursing- Adults- LPN | \$7.20 | 15 min |
| T1005 | Respite-RN | \$11.56 | 15 min |
| T1005 | Respite-LPN | \$7.20 | 15 min |

Behavioral Health Evidence Based Practices Rate Increase

- a. The following Evidence Based Practice (EBP) service rates are impacted; TF-CBT, EMDR, and DBT. MCOs must pay at minimum the FFS Fee schedule rate listed below in Table 3. MCOs are expected to reprocess claims back to January 1, 2025, to reflect these changes. Reprocessing of claims shall be completed no later than July 31, 2025

Note: MST and FFT rates do not change because these rates already exceed the psychotherapy rates on an hourly basis. These rates were adjusted as part of HB2.

Table 3 Behavioral Health Evidence Based Practice (EBP) Rate increases effective 1/1/25

| Description | Proc Code | Modifier | Current Rate | New Rate |
|--------------------|-----------|----------|--------------|-----------|
| TF-CBT 30 mins | 90832 | U1 | \$ 90.71 | \$ 119.97 |
| TF-CBT 45 mins | 90834 | U1 | \$ 135.53 | \$ 179.95 |
| TF-CBT 60 mins | 90837 | U1 | \$ 180.71 | \$ 239.94 |
| TF-CBT 50 mins | 90846 | U1 | \$ 150.60 | \$ 199.95 |
| TF-CBT 50 mins | 90847 | U1 | \$ 150.60 | \$ 199.95 |
| EMDR 30 mins | 90832 | U3 | \$ 91.26 | \$ 121.17 |
| EMDR 45 mins | 90834 | U3 | \$ 136.90 | \$ 181.76 |
| EMDR 60 mins | 90837 | U3 | \$ 182.53 | \$ 242.35 |
| EMDR 50 mins | 90846 | U3 | \$ 152.11 | \$ 201.95 |
| EMDR 50 mins | 90847 | U3 | \$ 152.11 | \$ 201.95 |
| DBT - Therapist | H2019 | HO | \$ 85.02 | \$ 112.89 |
| DBT - Trainee | H2019 | HN | \$ 78.23 | \$ 103.87 |
| DBT - Care Manager | H2019 | | \$ 72.46 | \$ 96.21 |

| | | | | |
|-------------------------------|-------|-------|----------|-----------|
| DBT Group 2:2 | H2019 | HQ UN | \$ 81.39 | \$ 108.07 |
| DBT Group 2:3 | H2019 | HQ UP | \$ 54.31 | \$ 72.11 |
| DBT Group 2:5 (Adults/Child.) | H2019 | HQ UR | \$ 32.65 | \$ 43.35 |
| DBT Group 2:10 (Adults) | H2019 | HQ US | \$ 16.36 | \$ 21.72 |

Pay Parity

For non-physician practitioners, MCOs are directed to implement pay parity between physicians and non-physician practitioners. For services that are within the scope of licensure or certification for:

- Certified Nurse Practitioners,
- Physician Assistants,
- Clinical Nurse Specialists,
- Certified Registered Nurse Anesthetists,
- Anesthesiologist Assistants,
- Certified Nurse Midwives
- Licensed Midwives,
- Audiologists,
- Dietician
- Nutritionists,
- Dental Hygienists,
- Licensed Clinical Social Workers
- Licensed Clinical Counselors, and
- Therapists, and other Social Workers.

MCOs will remove reduced reimbursement based on level of licensure.

Implementation

All the rate increases described in this LOD have been calculated and considered as a component of the MCO capitation rates that will be effective January 1, 2025. No reductions have been applied to rates exceeding the assigned threshold and are not considered in the MCO capitation rates and should not be imposed upon providers. HCA pays at the FFS rate plus the gross receipt tax. The MCO administrative costs include gross receipt tax (GRT) in the CAP adjustments.

All rate increases must be completed and all claims with dates of service on or after January 1, 2025, must be adjusted and paid within 60 days of issuing this LOD. HCA has updated the Procedure Pricing Code SPAN file. MCOs must ensure alignment with pricing in this file and all published fee schedules.

All services provided via telehealth, designated with the GT modifier, must be reimbursed equivalent to the pricing for the service without the GT modifier.

HCA identified that service codes for evening, weekend, and holiday differentials (identified with modifiers TV and UH) were incorrectly priced in prior versions of this LOD. Attached please find revised pricing for these services.

NOTE: FQHC rates are effective October 1, 2024. For FQHC claims submitted after

October 1, 2024, but not paid based on these parameters, the MCOs are directed to adjust payments retroactive to October 1, 2024. The deadline to reprocess claims is 60 days from the date of this LOD.

HCA directs MCOs that no rates shall be reduced as a result of this LOD or attached rate table. If an MCO identifies a potential reduction they are directed to contact HCA. This LOD may be amended to address additional rate adjustments for FY2025.

This LOD will sunset when direction is provided in one or more of the following: Turquoise Care Managed Care Services Agreement, Managed Care Policy Manual, NMAC, Systems Manual, or BHSD Billing and Systems Manual. The LOD may also sunset upon HCA notification or completion of the Turquoise Care Program.

Attachment A: AARTC Rate Table
Revisions to Select Behavioral Health Codes

Accredited Adult Residential Treatment Center (AARTC) for SUD Fee Schedule

| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT |
|---|-----------------|----------------------|--|---------------------|
| Residential Treatment Centers for Adults (Substance Use Disorders) | | | | |
| Report Referring or Ordering Provider in the Attending Provider Field | 1003 | H0017 | Tier 3 - ASAM levels 3.7 and 3.7WM placement criteria for medically monitored short term residential addiction program. | \$607.98/day |
| Report Referring or Ordering Provider in the Attending Provider Field | 1003 | H0018 | Tier 2 - ASAM 3.2WM, 3.2, 3.3, 3.5 placement criteria. Clinically monitored, medium to high intensity level of care for sub- acute, detoxification and/or residential addiction program. | \$349.76/day |
| Report Referring or Ordering Provider in the Attending Provider Field | 1003 | H0019 | Tier 1 - ASAM 3.1 placement criteria. Clinically monitored, low intensity level of care long-term residential (non-medical, non acute care in a residential treatment program). | \$249.04/day |

| FEE SCHEDULE FOR BEHAVIORAL HEALTH PROVIDERS Effective January 1,2025 | | | | | |
|---|--------------|-------------------|---|-------------------------------------|-------------------------|
| <p>Notes on interpreting the fee schedule:</p> <p>1. The rendering provider requirements, the units, and the max units are described on the fee schedule and are stated as MAD and BHSD currently considers them.</p> <p>2. This fee schedule does not include rates for Applied Behavior Analysis for Autism; they are on a separate fee schedule.</p> <p>3. Nothing on the fee schedule is to be interpreted as an exemption from any board license requirements or supervisory requirements. Providers who are not licensed for independent practice are included in the column labeled "master's level for independent and for supervised non-independent licensure types."</p> <p>4. FQHC's, Indian Health Service, PL 638 Tribal Healthcare Providers, other state agencies, other governmental units, hospital outpatient facilities, licensed crisis triage centers, opioid treatment programs, and crisis services community providers may also be authorized to perform some services that under "USE" are stated to be used by CSAs, CMHCs, CLNM HHs, and BHAs.</p> <p>5. Key: BHA= Behavioral Health Agency; CLNM HH= Care Link New Mexico Health Home; CMHC= Community Mental Health Center; CSA= Core Service Agency.</p> <p>6. This fee schedule is for services provided to Medicaid fee-for-service recipients. Managed care provider rates are negotiated between the provider and the MCO and may differ from the fee-for-service fee schedule. These rates also are not applicable to claims paid by the Behavioral Health Services Division.</p> <p>NOTE THAT THIS FEE SCHEDULE IS NOT INTENDED TO CONTAIN EVERY CODE THAT A BH PROVIDER COULD POTENTIALLY BILL. For lab codes, radiology codes, and injection codes, it is important to refer to the general provider fee schedule on the HSD website at: https://www.hsd.state.nm.us/providers/fee-schedules/</p> | | | | | |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| Residential Treatment Centers for Youth | | | | | |
| Report Referring or Ordering Provider in the Attending Provider Field | 0190 | | RTC for youth Daily rate, not including discharge date Units = number of days | \$470.58 | |
| Report Referring or Ordering Provider in the Attending Provider Field | 1001 | | ARTC PSYCHIATRIC for youth Daily rate, not including discharge date Units = number of days | \$677.80 | |
| Report Referring or Ordering Provider in the Attending Provider Field | 1002 | | ARTC CHEMICAL DEPENDENCY for youth Daily rate, not including discharge date Units = number of days | \$677.80 | |
| Report Referring or Ordering Provider in the Attending Provider Field | 1005 | | GROUP HOME for youth Daily rate, not including discharge date Units = number of days | \$290.49 | |
| Residential Treatment Centers for Adults (Substance Use Disorders) | | | | | |
| Report Referring or Ordering Provider in the Attending Provider Field | 1003 | H0019 | Tier 1 ASAM 3.1 placement criteria. Clinically monitored, low intensity level of care long term residential (non medical, non-acute care in a residential treatment program). | \$249.04 | |
| Report Referring or Ordering Provider in the Attending Provider Field | 1003 | H0018 | Tier 2 ASAM 3.2WM, 3.2, 3.3, 3.5 placement criteria. Clinically monitored, medium to high intensity level of care for sub acute, detoxification and/or residential addiction program. | \$349.76 | |
| Report Referring or Ordering Provider in the Attending Provider Field | 1003 | H0017 | Tier 3 ASAM levels 3.7 and 3.7WM placement criteria for medically monitored short term residential addiction program. | \$607.98 | |
| IHS, TRIBAL FACILITIES AND FQHC'S | | | | | |
| NO | 0919 | | IHS/Tribal BH unless separate rate established Unit = 1 encounter, more than one encounter can occur per day for different specialized BH services | OMB Rate or as otherwise negotiated | |
| NO | 0919 | | FQHC for BH services unless separate rate established Unit = 1 encounter, more than one encounter can occur per day for different specialized services | FQHC encounter rate | |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| INSTITUTIONS FOR MENTAL DISEASE (IMDs) | | | | | |

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|--|--|-------|---|---|--|
| Report Referring or Ordering Provider in the Attending Provider Field | 0116 for private room 0126 for semiprivate room | | Institute for Mental Disease (IMD) For inpatient for SUD for patient aged 22 through 64 | % of billed charges then cost settled for FFS As negotiated for MCOs | |
| Report Referring or Ordering Provider in the Attending Provider Field | 0114 for private room 0124 for semiprivate room | | Institute for Mental Disease (IMD) Inpatient for mental disease or SUD for patient ages 21 and under or ages 65 and over | % of billed charges then cost settled for FFS As negotiated for MCOs | |
| Withdrawal Management (WM) (detoxification) codes To be added to all IP, IMD, ARTC, CTC, or OP service environments in which WM is provided. No reimbursement is made; this is for tracking purposes only. | | | | | |
| NO | When billing the UB/837I format, use rev code 0229 | H0014 | Ambulatory detoxification (ASAM levels 1 and 2) | | |
| NO | When billing the UB/837I format, use rev code 0229 | H0010 | Sub acute detoxification (ASAM levels 3.2 WM) in residential or crisis triage center | | |
| NO | When billing the UB/837I format, use rev code 0229 | H0011 | Acute detoxification (ASAM level 3.7 WM) in a residential treatment center or crisis triage center | | |
| NO | When billing the UB/837I format, use rev code 0229 | H0008 | Sub acute detoxification (ASAM level 3.7 WM) in a hospital | | |
| NO | When billing the UB/837I format, use rev code 0229 | H0009 | Acute detoxification (ASAM level 4 WM) in a hospital. | | |
| CRISIS TRIAGE CENTERS (Licensed) (CTC) | | | | | |
| Report Referring or Ordering Provider in the Attending Provider Field | 0169 | | Crisis Triage Center (CTC) Residential/Non residential | Based on cost analysis | |
| Report Referring or Ordering Provider in the Attending Provider Field | 0513 | | Crisis Triage Center (CTC) Non residential | Based on cost analysis | |
| Bill these revenue codes on the same claim for residential and non residential CTC services. | | | | | |
| NO | 0905 | | Intensive Outpatient (IOP) psychiatric | No payment bill for tracking purposes only | |
| NO | 0906 | | Intensive OP Chemical Dependency | No payment bill for tracking purposes only | |
| NO | 0914 | | Individual Therapy | No payment bill for tracking purposes only | |
| NO | 0915 | | Group Therapy | No payment bill for tracking purposes only | |
| NO | 0916 | | Family Therapy | No payment bill for tracking purposes only | |
| NO | 0944 | | Drug Rehab | No payment bill for tracking purposes only | |
| NO | 0945 | | Alcohol Rehab | No payment bill for tracking purposes only | |
| NO | 0961 | | Psychiatric | No payment bill for tracking purposes only | |
| NO | 0984 | | Medical Social Services | No payment bill for tracking purposes only | |
| CRISIS SERVICES | | | | | |
| Use Informational Modifier HA if MRSS team for children | | | | | |
| NO | | S9485 | Mobile Crisis Licensed Response Unit = Per Encounter | \$1,804.61 | HO include information modifier HA when this code is used for MRSS for children |
| NO | | S9485 | Mobile Crisis Licensed Response with Peer Unit = Per Encounter | \$1,814.13 | HT include information modifier HA when this code is used for MRSS for children |
| NO | | S9485 | Mobile Crisis Non Licensed Response Unit = Per Encounter | \$1,586.78 | include information modifier HA when this code is used for MRSS for children |
| NO | | S9485 | Mobile Crisis Team Response with Telehealth in Unit = Per Encounter | \$1084.96 | GT include information modifier HA when this code is used for MRSS for children |
| Use Informational Modifier HA if MRSS team for children | | | | | |

| | | | | | |
|---|--------------------------------------|---|--|--|---|
| NO | | H2011 | Licensed Response Crisis Licensed & Crisis Level 1 Non Licensed Unit: 15 min | \$86.76 | HO <i>include information modifier HA when this code is used for MRSS for children</i> |
| NO | | H2011 | Non Licensed Response Crisis Level II Non Licensed & Crisis Peer/Youth & Family Support Unit: 15 min | \$77.06 | <i>include information modifier HA when this code is used for MRSS for children</i> |
| NO | | H2011 | Licensed Response Crisis Licensed & Crisis Peer/Youth & Family Support Unit: 15 min | \$86.76 | HT <i>include information modifier HA when this code is used for MRSS for children</i> |
| NO | | H2011 | Team Response with Telehealth Unit: 15 min | \$54.70 | GT <i>include information modifier HA when this code is used for MRSS for children</i> |
| Telephonic Follow Up | | | | | |
| NO | | H0030 | Mobile Crisis Follow Up Telephone Unit: 15 min | \$27.75 | HA |
| Stabilization Services Children | | | | | |
| NO | | S9482 | Stabilization Services Licensed & Peer Unit: 15 min | \$90.73 | HA /HT |
| NO | | S9482 | Stabilization Services Licensed & Non Licensed Unit: 15 min | \$90.73 | HA/ HT |
| NO | | S9482 | Stabilization Services Non Licensed Only Unit: 15 min | \$48.53 | HA |
| NO | | S9482 | Stabilization Services Licensed Only Unit: 15 min | \$60.86 | HA/ HO |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| PARTIAL HOSPITALIZATION | | | | | |
| Report Referring or Ordering Provider | 0912 | S0201 | Partial Hospitalization | \$755.97 per day, during which a minimum of 4 hours of services must have been provided during the day | |
| PARTIAL HOSPITALIZATION PROFESSIONAL SERVICES WHEN PROVIDED BY THE INSTITUTION'S PROFESSIONAL COMPONENT OR PROVIDERS WHO ARE NOT ON THE HOSPITAL STAFF | | | | | |
| YES | | 97530 | OCCUPATIONAL SERVICES THERAPEUTIC | \$51.18 per 15 min 6 unit max | |
| YES | | G0410 | GROUP PSYCHOTHERAPY 45 50 MINUTES | \$46.18 | |
| YES | | G0411 | INTERACTIVE GROUP PSYCHOTHERAPY | \$51.74 | |
| YES | | 90832 90838 | INDIVIDUAL PSYCHOTHERAPY | see individual rates below | |
| Report Referring or Ordering Provider | Use rev code specific to lab service | Use procedure code specific to lab service | Laboratory | Priced according to outpatient hospital rules | |
| TREATMENT FOSTER CARE | | | | | |
| NO | | S5145 | TREATMENT FOSTER CARE THERAPEUTIC Level I Unit = 1 day Max Units = 31 | \$491.19 | |
| NO | | S5145 | TREATMENT FOSTER CARE THERAPEUTIC Level II Unit = 1 day Max Units = 31 | \$364.88 | U1 (level II) |
| OPIOID TREATMENT PROGRAM (OTF) BY AN OPIOID TREATMENT PROVIDER CENTER | | | | | |
| NO | | H0001 | OPIOID TREATMENT EXAM INITIAL MEDICAL EXAM Unit = 1 Service Max units = 1 | \$80.18 | |
| NO | | H0020 | METHADONE CLINIC SERVICES Unit = per day Max units = 1 | \$21.11 | |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| These new codes for counseling are allowed for Opioid Treatment Centers in addition to the existing codes for dispensing methadone and other services currently reimbursed to Opioid Treatment Centers. | | | | | |

| | | | | | |
|--|--|-------|--|----------------------------|--|
| YES | | H0025 | Opioid Treatment Program BH prevention/education service with target population to affect knowledge, attitude, and/or behavior Individual session Unit = 1 | \$63.56 per 30 min unit | |
| YES | | H0025 | Group for OTP BH prevention/education service with target population to affect knowledge, attitude, and/or behavior Group session Unit = 1 | \$50.79 per 30 min unit | HQ |
| HIGH FIDELITY WRAP AROUND SERVICES | | | | | |
| YES | | G9003 | High-Fidelity Wraparound (HFW) - Community Based Intensive Care Coordination Process and Service Planning (for youth who are involved in two or more systems or for at risk children between the ages of 0-5) Unit = PMPM (No additional code will need to be billed in conjunction with the G9003 code) | \$2336.23 | |
| OTHER SPECIALIZED OUTPATIENT SERVICES - Rural Rate to be paid based on Provider Entered Modifier 'TN' based on Members' County of residence. | | | | | |
| NO | | H0015 | INTENSIVE OUTPATIENT (IOP) for SUD Daily rate = 1 unit per day | \$315.88 | |
| NO | | H0015 | INTENSIVE OUTPATIENT (IOP) Substance Use Disorder (SUD) for Youth Daily rate = 1 unit per day (at least 1.5 hours of service) | \$236.91 | HA |
| NO | | S9480 | INTENSIVE OUTPATIENT (IOP) PSYCHIATRIC SERVICES, PER DIEM for Mental Health Daily rate = 1 unit per day | \$315.88 | |
| NO | | S9480 | INTENSIVE OUTPATIENT (IOP) PSYCHIATRIC SERVICES, PER DIEM Mental Health (MH) for Youth Daily rate = 1 unit per day (at least 1.5 hours of service) | \$236.91 | HA |
| NO | | H0039 | ASSERTIVE COMMUNITY TREATMENT (ACT) FACE TO FACE Unit = 15 min Max units = 40 | \$79.50 | - _required: U1 face to face U2 collateral encounter U3 assertive outreach U4 group |
| NO | | H2012 | BEHAVIORAL HEALTH DAY TREATMENT Unit = 1 hour Max units = 8 | \$27.78 | |
| NO | | H2014 | BEHAVIOR MANAGEMENT Skills (BMS) Training Unit = 15 min Max units = 24 | \$14.48 | |
| YES | | H2015 | COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required | \$24.10 | HM (less than a bachelor's or a peer specialist) |
| YES | | H2015 | COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required | \$28.90 | HM (less than a bachelor's or peer specialist) and CG (policy criteria in community) |
| YES | | H2015 | COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required | \$29.02 | HN (bachelor's) |
| YES | | H2015 | COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required | \$34.83 | HN (bachelor's) and CG (in community) |

| | | | | | |
|-----|--|-------|---|---------|---|
| YES | | H2015 | COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required | \$33.11 | HO (master's) |
| YES | | H2015 | COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required | \$39.74 | HO (master's) and CG (in community) |
| NO | | H2017 | PSYCHO SOC REHAB SVC Integrated Classroom Unit = 15 min Max Units = 32 | \$14.58 | |
| NO | | H2017 | PSYCHO SOC REHAB SVC Integrated Classroom Unit = 15 min Max Units = 32 | \$14.88 | HQ (group setting) |
| YES | | H2019 | FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required | \$66.35 | HK HO (master's level existing team) |
| YES | | H2019 | FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required | \$81.37 | HK HO TN (master's level existing team; rural) |
| YES | | H2019 | FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required | \$60.30 | HK HN (bachelor's level existing team) |
| YES | | H2019 | FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required | \$74.32 | HK HN TN (bachelor's level existing team; rural) |
| YES | | H2019 | FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required | \$80.46 | HK HO U1 (master's level new team) |
| YES | | H2019 | FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required | \$98.10 | HK HO TN U1 (master's level new team; rural) |
| YES | | H2019 | FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required | \$74.22 | HK HN U1 (bachelor's level new team) |
| YES | | H2019 | FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required | \$90.82 | HK HN TN U1 (bachelor's level new team; rural) |
| YES | | H2033 | MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required | \$66.10 | HO (master's level existing team) |

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|-----|--|-------|---|----------|---|
| YES | | H2033 | MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required | \$79.92 | HO TN (master's level existing team; rural) |
| YES | | H2033 | MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required | \$55.54 | HN (bachelor's level existing team) |
| YES | | H2033 | MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required | \$65.80 | HN TN (bachelor's level existing team; rural) |
| YES | | H2033 | MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required | \$72.30 | HO U1 (master's level new team) |
| YES | | H2033 | MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required | \$87.20 | HO TN U1 (master's level new team; rural) |
| YES | | H2033 | MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required | \$60.18 | HN U1 (bachelor's level new team) |
| YES | | H2033 | MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required | \$72.48 | HN TN U1 (bachelor's level new team; rural) |
| YES | | 90832 | Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 30) | \$119.97 | U1 |
| YES | | 90834 | Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 45) | \$179.95 | U1 |
| YES | | 90837 | Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes =60) | \$239.94 | U1 |

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|-----|--|-------|--|----------|-------|
| YES | | 90846 | Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 50) | \$199.95 | U1 |
| YES | | 90847 | Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 50) | \$199.95 | U1 |
| YES | | 90832 | Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 30) | \$121.17 | U3 |
| YES | | 90834 | Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 45) | \$181.76 | U3 |
| YES | | 90837 | Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 60) | \$242.35 | U3 |
| YES | | 90846 | Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 50) | \$201.95 | U3 |
| YES | | 90847 | Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 50) | \$201.95 | U3 |
| YES | | H2019 | Dialectical Behavioral Therapy (DBT) Therapist a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes) | \$112.89 | HO |
| NO | | H2019 | Dialectical Behavioral Therapy (DBT) Trainee a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes) | \$103.87 | HN |
| YES | | H2019 | Dialectical Behavioral Therapy (DBT) Care Manager a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes) | \$96.21 | |
| YES | | H2019 | Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:2 (group of 2 individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes) | \$108.07 | HQ UN |

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|--|--------------|-------------------|--|---|-------------------------|
| YES | | H2019 | Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:3 (group of 3 4 individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes) | \$72.11 | HQ UP |
| NO | | H2019 | Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:5 (group of 5 9 individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes) | \$43.35 | HQ UR |
| YES | | H2019 | Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:10 (group of 10 or more individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes) | \$21.72 | HQ US |
| SBIRT (SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT) | | | | | |
| YES | | H0049 | SBIRT: Alcohol and/or Drug Screening utilizing State developed tool Unit = 1 | \$42.85 | |
| YES | | H0050 | SBIRT: Brief Intervention Unit = 15 minutes | \$85.70 | |
| YES | | G0444 | Other Behavioral Health Screening | \$26.36 | |
| YES | | G0443 | Other Brief Intervention Unit = 15 minutes | \$35.87 | |
| Diagnosis codes to be used with screening, brief intervention, and group therapy only. | | | | | |
| | | Z13.89 | Screening for alcohol & other drugs | | |
| | | Z13.9 | Screening for unspecified (includes mental disorder, depression) | | |
| | | Z71.4 | Brief intervention – alcohol abuse counseling and surveillance | | |
| | | Z71.5 | Brief intervention drug abuse counseling and surveillance | | |
| | | Z71.9 | Brief intervention – counseling, non specified | | |
| | | Z71.4 | Brief intervention – alcohol abuse counseling and surveillance | | |
| | | Z71.5 | Brief intervention drug abuse counseling and surveillance | | |
| | | Z71.9 | Brief intervention – counseling, non specified | | |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| INTERDISCIPLINARY TEAMING | | | | | |
| YES | | G0175 | Scheduled interdisciplinary team conference (lead agency) SMI/SED/SUD | \$317.43 bill 1 unit for a session of 30 to 89 minutes | U1 |
| YES | | G0175 | Scheduled interdisciplinary team conference (lead agency) SMI/SED/SUD | \$634.86 bill 2 units for a session of 90 minutes or more | U1 |
| YES | | G0175 | Scheduled interdisciplinary team conference (participating agency) SMI/SED/SUD And the participating agency has only one individual attending | \$111.10 bill 1 unit for a session of 30 to 89 minutes | U2 |
| YES | | G0175 | Scheduled interdisciplinary team conference (participating agency) SMI/SED/SUD And the participating agency has only one individual attending | \$222.20 bill 2 units for a session of 90 minutes or more | U2 |
| YES (any 1 of the 2 or more individuals may be reported) | | G0175 | Scheduled interdisciplinary team conference (participating agency) SMI/SED/SUD But the participating agency has two or more individuals attending | \$222.20 bill 1 unit for a 30 to 89 minute session | U3 |

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|---|--------------|-------------------|--|---|-------------------------|
| YES (any 1 of the 2 or more individuals may be reported) | | G0175 | Scheduled interdisciplinary team conference (participating agency) SMI/SED/SUD But the participating agency has two or more individuals attending | \$444.40 bill 2 units for a session of 90 minutes or more | U3 |
| YES | | S0220 | Lead agency, leading an interdisciplinary team meeting to coordinate activities of patient care with patient present (approximately 30 minutes) lead agency any BH diagnosis | \$206.33 bill 1 unit for a session of 30 to 59 minutes | U1 |
| YES | | S0220 | Participating practitioner attending interdisciplinary team meeting to coordinate activities of patient care with patient present (approximately 30 minutes) Participating agency (non lead) any BH diagnosis | \$111.10 bill 1 unit for a 30 to 59 minute session | U2 |
| YES | | S0221 | Lead agency, leading an interdisciplinary team meeting to coordinate activities of patient care with patient present (approximately 60 minutes) lead agency any BH diagnosis | \$371.39 bill 1 unit for a session of 60 minutes or more | U1 |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| OTHER BEHAVIORAL HEALTH EVALUATION AND THERAPY CODES | | | | | |
| YES | | G0176 | ACTIVITY THERAPY SUCH AS MUSIC, DANCE, ART OR PLAY (NOT FOR RECREATION) 45 min or more Unit = 1 service Max Units = 1 | \$167.78 | |
| YES | | G0176 | ACTIVITY THERAPY GROUP Unit = 1 hour | \$45.12 | HQ |
| rendering and referring | | G0406 | INPATIENT CONSULTATION TELEHEALTH 15 min Unit = 1 Max unit = 1 per event | \$59.46 | |
| rendering and referring | | G0407 | INPATIENT CONSULTATION TELEHEALTH 25 min Unit = 1 Max unit = 1 per event | \$103.28 | |
| rendering and referring | | G0408 | INPATIENT CONSULTATION TELEHEALTH 35 min Unit = 1 Max unit = 1 per event | \$150.52 | |
| NO | | G0493 | SKILLED SERVICES OF AN RN FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION Unit = 15 min Max units = 40 | \$25.96 | |
| YES | | H0031 | COMPREHENSIVE MH HEALTH ASSESSMENT AND DEVELOPMENT OF TREATMENT PLAN FOR RECIPIENT WHO IS NOT SMI OR SED Unit = 1 service Max units = 1 | \$206.33 | |
| YES | | H0033 | ORAL MEDICATION ADMINISTRATION AND DIRECT OBSERVATION FOR SUBOXONE Unit = 1 service Max units = 1 | \$476.14 | |
| YES | | H0038 | INDIVIDUAL PEER SUPPORT Unit = 15 min Max Units = 48 | \$25.06 | |
| YES | | H0038 | PEER SUPPORT IN A GROUP SETTING Unit = 15 min Max Units = 48 | \$11.43 | HQ |
| YES | | H2000 | COMPREHENSIVE MULTIDISCIPLINARY TEAM EVALUATION assessment and development of treatment plan for SMI or SED recipient Unit = 1 service per recipient Max units = 1 Each practitioner cannot bill for the same session | \$641.11 | |
| YES | | H0002 | BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM (ASAM Level Of Care Assessment and Recommendation) | \$197.10 | |

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|--|--------------|-------------------|---|---------------------|-------------------------|
| NO | | H2010 | COMPREHENSIVE MED SVC Unit = 15 min Max units = 4 includes medication assessment, administration, monitoring and recipient education | \$47.62 | |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| NO | | H2011 | CRISIS INTERVENTION SVC telephone Unit = 15 min Max Units = 40 | \$26.88 | U1 (telephone) |
| NO | | H2011 | CRISIS INTERVENTION SVC in a clinic setting face to face Unit = 15 min Max Units = 40 | \$40.06 | U2 (face to face) |
| NO | | H2011 | CRISIS INTERVENTION SVC 2 individuals mobile Unit = 15 min Max Units = 40 The rate assumes 2 practitioners are responding, but the provider still just bills 1 unit for each 15 minutes. The provider does not double the units to account for the two practitioners. | \$80.14 | U3 (mobile) |
| NO | | H2011 | CRISIS INTERVENTION SVC stabilization Unit = 15 min Max Units = 40 | \$40.06 | U4 (stabilization) |
| NO | | Q3014 | Telehealth Facility Fee Unit = 1 event | \$30.43 | |
| YES | | T1001 | NURSING ASSESSMENT EVALUATION for Behavioral Health Assessment which may be prolonged in crisis situations. Unit = 1 per event However, if the service is prolonged (more than 30 minutes) 1 Unit may be billed for every 30 minutes of time, with a maximum number of 16 units. | \$69.19 | |
| NO | | T1007 | TREATMENT OR SERVICE PLAN UPDATE DEVELOPMENT Unit = 1 service Max Units = 1 | \$175.83 | |
| Ordering or Referring provider | | 36415 | BLOOD DRAW ROUTINE VENIPUNCTURE | \$13.25 | |
| Some of the codes below allow use of the modifiers UH and TV. UH after hours. TV (holidays and weekends) the weekend modifier may be billed for services rendered on a weekend, regardless of the provider's business hours. Holidays are considered to be official State holidays: New Year's | | | | | |
| YES | | 90785 | ADD ON CODE in addition to primary procedure per session see CPT description Unit = 1 service Max Units = 1 | \$21.24 | |
| YES | | 90785 | ADD ON CODE see CPT description Unit = 1 service Max Units = 1 | \$25.49 | TV or UH |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| YES | | 90791 | Psychiatric Diagnostic Evaluation see CPT description Unit = 1 service Max Units = 1 | \$249.22 | |
| YES | | 90791 | Psychiatric Diagnostic Evaluation see CPT description Unit = 1 service Max Units = 1 | \$299.06 | TV or UH |
| YES | | 90792 | Psychiatric Diagnostic Evaluation with Medical Services see CPT description Unit = 1 service Max Units = 1 | \$280.56 | |
| YES | | 90792 | Psychiatric Diagnostic Evaluation with Medical Services see CPT description Unit = 1 service Max Units = 1 | \$336.67 | TV or UH |
| YES | | 90832 | Psychotherapy see CPT description Unit = 30 min Max Units = 2 One session is billed as 1 unit | \$113.50 | |
| YES | | 90832 | Psychotherapy see CPT description Unit = 30 min Max Units = 2 | \$136.20 | TV or UH |

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| YES | | 90833 | PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 30 min Max Units = 2 | \$104.33 | |
| YES | | 90833 | PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 30 min Max Units = 2 | \$125.20 | TV or UH |
| YES | | 90834 | Psychotherapy see CPT description Unit = 45 min Max Units = 2 One session is billed as 1 unit | \$149.65 | |
| YES | | 90834 | Psychotherapy see CPT description Unit = 45 min Max Units = 2 One session is billed as 1 unit | \$233.09 | TV or UH |
| YES | | 90836 | PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2 | \$131.78 | |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| YES | | 90836 | PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2 | \$158.14 | TV or UH |
| YES | | 90837 | Psychotherapy see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit | \$220.66 | |
| YES | | 90837 | Psychotherapy see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit | \$264.79 | TV or UH |
| YES | | 90838 | PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1 | \$174.71 | |
| YES | | 90838 | PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1 | \$209.65 | TV or UH |
| YES | | 90839 | PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units = 1 | \$212.35 | |
| YES | | 90839 | PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units= 1 | \$254.82 | TV or UH |
| YES | | 90840 | PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service Max Units = 1 | \$105.35 | |
| YES | | 90840 | PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service Max Units = 1 | \$126.42 | TV or UH |
| YES | | 90846 | FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description | \$142.92 | |
| YES | | 90846 | FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description | \$144.88 | TV or UH |
| YES | | 90846 | FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description | \$120.73 | HK conducted in the home |
| YES | | 90847 | FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description | \$149.66 | |

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|-----------------------------|--------------|-------------------|---|----------------------|----------------------------|
| YES | | 90847 | FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description | \$173.91 | TV or UH |
| YES | | 90847 | FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description | \$138.81 | HK conducted in the home |
| YES | | 90849 | MULTIPLE-FAMILY GROUP PSYCHOTHERAPY see CPT description | \$53.46 | |
| YES | | 90849 | MULTIPLE-FAMILY GROUP PSYCHOTHERAPY see CPT description | \$53.94 | TV or UH |
| YES | | 90853 | GROUP THERAPY see CPT description | \$40.08 | |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| YES | | 90853 | GROUP THERAPY see CPT description | \$49.68 | TV or UH |
| YES | | 90863 | PHARMACOLOGICAL MANAGEMENT see CPT description This code is an "add on" code to be billed in addition to the primary procedure. | \$40.67 | |
| YES | | 90863 | PHARMACOLOGICAL MANAGEMENT see CPT description This code is an "add on" code to be billed in addition to the primary procedure. | \$57.14 | TV or UH |
| YES | | 90885 | see CPT description | \$69.71 | |
| YES | | 90889 | see CPT description | \$67.92 | |
| YES | | 96110 | see CPT description | \$16.33 | |
| PSYCHOLOGICAL TESTING | | | | | |
| YES | | 96116 | NEUROBEHAVIORAL STATS EXAM see CPT description | \$132.53 | |
| YES | | 96121 | NEUROBEHAVIORAL STATS EXAM see CPT description | \$108.59 | |
| YES | | 96130 | PSYCHOLOGICAL TESTING first hour see CPT description | \$173.68 | |
| YES | | 96131 | PSYCHOLOGICAL TESTING see CPT description | \$124.12 | |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| YES | | 96132 | NEUROPSYCHOLOGICAL TESTING see CPT description | \$184.44 | |
| YES | | 96133 | NEUROPSYCHOLOGICAL TESTING see CPT description | \$139.73 | |
| YES | | 96136 | TEST ADMINISTRATION AND SCORING see CPT description | \$58.49 | |
| YES | | 96137 | TEST ADMINISTRATION AND SCORING see CPT description | \$52.60 | |
| YES | | 96138 | TEST ADMINISTRATION AND SCORING see CPT description | \$46.07 | |
| YES | | 96139 | TEST ADMINISTRATION AND SCORING see CPT description | \$47.40 | |
| YES | | 96146 | PSYCHOLOGICAL AND NEUROPSYCHOLOGIAL TESTING BY COMPUTER see CPT description | \$3.25 | |
| YES | | 96160 | see CPT description | \$4.49 | |
| YES | | 99202 | see CPT description | see CPT Fee Schedule | |
| YES | | 99203 | see CPT description | see CPT Fee Schedule | |
| YES | | 99204 | see CPT description | see CPT Fee Schedule | |
| YES | | 99205 | see CPT description | see CPT Fee Schedule | |
| YES | | 99211 | see CPT description | see CPT Fee Schedule | |
| YES | | 99212 | see CPT description | see CPT Fee Schedule | |
| YES | | 99213 | see CPT description | see CPT Fee Schedule | |

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|---|--------------|-------------------|-------------------------------------|----------------------|-------------------------|
| YES | | 99214 | see CPT description | see CPT Fee Schedule | |
| YES | | 99215 | see CPT description | see CPT Fee Schedule | |
| | | 99218 | see CPT description | see CPT Fee Schedule | |
| RENDERING PROVIDER REQUIRED | REVENUE CODE | CPT OR HCPCS CODE | DESCRIPTION WITHIN MEDICAID PROGRAM | FEE SCHEDULE AMOUNT | MODIFIERS IF APPLICABLE |
| YES | | 99221 | see CPT description | see CPT Fee Schedule | |
| YES | | 99222 | see CPT description | see CPT Fee Schedule | |
| YES | | 99223 | see CPT description | see CPT Fee Schedule | |
| YES | | 99231 | see CPT description | see CPT Fee Schedule | |
| YES | | 99232 | see CPT description | see CPT Fee Schedule | |
| YES | | 99233 | see CPT description | see CPT Fee Schedule | |
| YES | | 99234 | see CPT description | see CPT Fee Schedule | |
| YES | | 99235 | see CPT description | see CPT Fee Schedule | |
| YES | | 99236 | see CPT description | see CPT Fee Schedule | |
| YES | | 99238 | see CPT description | see CPT Fee Schedule | |
| YES | | 99239 | see CPT description | see CPT Fee Schedule | |
| YES | | 99241 | see CPT description | see CPT Fee Schedule | |
| REFERRING is required | | 99242 | see CPT description | see CPT Fee Schedule | |
| REFERRING is required | | 99243 | see CPT description | see CPT Fee Schedule | |
| REFERRING is required | | 99244 | see CPT description | see CPT Fee Schedule | |
| REFERRING is required | | 99245 | see CPT description | see CPT Fee Schedule | |
| REFERRING is required | | 99251 | see CPT description | see CPT Fee Schedule | |
| YES | | 99252 | see CPT description | see CPT Fee Schedule | |
| YES | | 99253 | see CPT description | see CPT Fee Schedule | |
| YES | | 99254 | see CPT description | see CPT Fee Schedule | |
| YES | | 99255 | see CPT description | see CPT Fee Schedule | |
| YES | | 99304 | see CPT description | see CPT Fee Schedule | |
| YES | | 99305 | see CPT description | see CPT Fee Schedule | |
| YES | | 99306 | see CPT description | see CPT Fee Schedule | |
| YES | | 99307 | see CPT description | see CPT Fee Schedule | |
| YES | | 99308 | see CPT description | see CPT Fee Schedule | |
| YES | | 99309 | see CPT description | see CPT Fee Schedule | |
| YES | | 99310 | see CPT description | see CPT Fee Schedule | |
| YES | YES | 99415 | see CPT description | see CPT Fee Schedule | |
| YES | | 99416 | see CPT description | see CPT Fee Schedule | |
| YES | | 99417 | see CPT description | see CPT Fee Schedule | |
| YES | | 99418 | see CPT description | see CPT Fee Schedule | |
| YES | | 99406 | see CPT description | see CPT Fee Schedule | |
| YES | | 99407 | see CPT description | see CPT Fee Schedule | |
| BH SERVICES FOR MCO MEMBERS ONLY | | | | | |
| | | H2030 | Recovery Services | | |
| | | S5110 | Family Support Services | | |
| | | T1005 | Respite Services | | |
| FQHC SPECIFIC INSTRUCTIONS FOR CERTAIN SERVICES | | | | | |
| Please see the BH Policy and Billing manual for specific instructions for Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Hospital Based Rural Health Clinics (HB RHC) and Indian Health Service (IHS) FQHCs providing Specialized | | | | | |
| | | | | | |