

PROPOSED FEE SCHEDULE FOR BEHAVIORAL HEALTH PROVIDERS

Effective July 1, 2023, or as listed below

Notes on interpreting the fee schedule:

- The rendering provider requirements, the units, and the max units are described on the fee schedule, and are stated at MAO and BHSO currently considers them. Note that the units are NOT intended to be absolute limits on the service provided to a recipient. However, it is anticipated that the billed units will typically be within the max units described. Therefore, claims are compared to those max units in order to detect potential billing errors.
- This fee schedule does not include rates for Applied Behavior Analysis for autism; they are on a separate fee schedule.
- 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" and only when working for the agencies indicated under the "USE" column.
- FOHCS, 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 CSM, CHMC, CLNM HW, and BHAH.
- Key: BHA = Behavioral Health Agency; CLNM HW = Care Link New Mexico Health Home; CHMC = Community Mental Health Center; CSA = Core Service Agency.
- This fee schedule is for services provided to Medicaid fee-for-service recipients. Managed care provider rates are determined 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 HSD Behavioral Health Services Division.
- 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.aspx>. Scroll to the bottom of the page, click on "agree", then click on "submit". Also, hospitals are to follow UB manual instructions, codes, and directions from HSD/MAO.

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEESCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MO/DO	PHD	PHD with pre- scriptive authority	Master's Level for Independent and for Supervised Non- Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
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	\$243.00							Approved RTC provider	Level of Care determination and prior authorization required. LOC = TR1
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	\$330.00							Juvenile ARTC for BH	Level of Care determination and prior authorization required. LOC = A83
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	\$330.00							Juvenile ARTC for BH	Level of Care determination and prior authorization required. LOC = A84
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	\$150.00							Group Homes	Level of Care determination and prior authorization required. LOC = TR2
Residential Treatment Centers for Adults (Substance Use Disorders)												
Report Referring or Ordering Provider in the Attending Provider Field	1003	HD017	Tier 3 - ASAM levels 3.7 and 3.7WM placement criteria for medically monitored short term residential addiction program.	Determined for each provider based on cost data							Adult ARTC	Effective 11/1/19
Report Referring or Ordering Provider in the Attending Provider Field	1003	HD018	Tier 2 - ASAM 3.2WM, 3.2, 3.3, 3.3, 3.5 placement criteria. Clinically monitored, medium to high intensity level of care for sub-acute, detoxification and/or residential addiction program.	Determined for each provider based on cost data							Adult ARTC	Effective 11/1/19
Report Referring or Ordering Provider in the Attending Provider Field	1003	HD019	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).	Determined for each provider based on cost data							Adult ARTC	Effective 11/1/19
IHS, TRIBAL FACILITIES AND FOHCS												
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							IHS and Tribal 638 Healthcare Facilities	
NO	0919		FOHCS for BH services unless separate rate established Unit = 1 encounter, more than one encounter can occur per day for different specialized BH services.	FOHCS encounter rate								FOHCS bill their evaluation and therapy codes on the UB format. Specialized BH services, which are those other than evaluation and therapy codes, are billed on the CMS 1500 but are paid as the FOHCS encounter rate. If billing more than one special service on the same day, use the X6, X9, or XU modifiers.
RENDERING PROVIDER REQUIRED												
INSTITUTIONS FOR MENTAL DISEASE (IMDs)												
Report Referring or Ordering Provider in the Attending Provider Field	0116 for private room 0126 for semi private 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							Free standing psych hospitals, billing on the UB format using inpatient types of bill.	Level of Care determination based on ASAM patient placement criteria and prior authorization required.
Report Referring or Ordering Provider in the Attending Provider Field	0114 for private room 0124 for semi private room		Institute for Mental Disease (IMD) Inpatient for mental disease or SUD for patient under age 21 or over 65	% of billed charges then cost settled for FFS As negotiated for MCOs							Free standing psych hospitals, billing on the UB format using inpatient types of bill.	Level of Care determination based on ASAM patient placement criteria and prior authorization required.
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	HD014	Ambulatory detoxification (ASAM levels 1 and 2)									
NO	When billing the UB/837I format, use rev code 0229	HD010	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	HD011	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	HD008	Sub-acute detoxification (ASAM level 3.7 WM) in a hospital									
NO	When billing the UB/837I format, use rev code 0229	HD009	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							For use by DOH licensed CTC.	Bill this code for residential stays, and bill 0513 for OP only stays. If recipient comes in for outpatient, but it is decided they need to move into residential, bill the 0169 for the 24 hours for residential.
Report Referring or Ordering Provider in the Attending Provider Field	0513		Crisis Triage Center (CTC) Non-residential	Based on cost analysis							For use by DOH licensed CTC.	Bill this code for a non-residential CTC
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								Payment included in base price based on cost analysis.
NO	0906		Intensive OP Chemical Dependency	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis.
NO	0914		Individual Therapy	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis.
NO	0915		Group Therapy	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis.

NO		0916	Family Therapy	No payment - bill for tracking purposes only																	Payment included in base price based on cost analysis	
NO		0944	Drug Rehab	No payment - bill for tracking purposes only																	Payment included in base price based on cost analysis	
NO		0945	Alcohol Rehab	No payment - bill for tracking purposes only																	Payment included in base price based on cost analysis	
NO		0961	Psychiatric	No payment - bill for tracking purposes only																	Payment included in base price based on cost analysis	
NO		0984	Medical Social Svcs	No payment - bill for tracking purposes only																	Payment included in base price based on cost analysis	
CRISIS SERVICES																						
HUB - Use Informational Modifier HA if MRSS team for children																						
NO			S9485	Mobile Crisis - Hub - Licensed Response	\$1,541.34		HO														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO			S9485	Mobile Crisis - Hub - Licensed Response with Peer	\$1,549.47		HT														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO			S9485	Mobile Crisis - Hub - Non-Licensed Response	\$1,355.29		HO														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO			S9485	Mobile Crisis - Hub - Team Response with Telehealth in Hub	\$926.68		GT														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
Dandelion - Use Informational Modifier HA if MRSS team for children																						
NO			H2011	Licensed Response - Crisis Licensed & Crisis Level 1 Non-Licensed	\$74.10		HO														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO			H2011	Non-Licensed Response - Crisis Level II Non-Licensed & Crisis Peer/Youth & Family Support	\$65.82																For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO			H2011	Licensed Response - Crisis Licensed & Crisis Peer/Youth & Family Support	\$74.10		HT														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO			H2011	Team Response with Telehealth	\$46.72		GT														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
Telephonic Follow-Up																						
NO			H0030	Mobile Crisis Follow-Up - Telephone	\$23.70		HA														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
Stabilization Services - Children																						
NO			S9482	Stabilization Services - Licensed & Peer	\$77.49		HA HT														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO			S9482	Stabilization Services -Licensed & Non-Licensed	\$77.49		HA HT														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO			S9482	Stabilization Services - Non-Licensed Only	\$41.45		HA														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO			S9482	Stabilization Services - Licensed Only	\$51.98		HA HO														For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre- scriptive authority	Master's Level for Independent and for Supervised Non- Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT										
PARTIAL HOSPITALIZATION																						
Report Referring or Ordering Provider in the Attending Provider Field	0912	50201	Partial Hospitalization	\$677.80 per day, during which a minimum of 4 hours of services must have been provided during the day.																	This is the code which a hospital uses to bill for partial hospitalization. It is inclusive of all services provided except for: 1. Lab services which may be billed separately. 2. Billing for the hospital and hospital lab services is on the UB format/837I outpatient hospital claim, type of bill 131. Bill on a UB: revenue code 0912 with HCPCS code 90201. Do not bill for lab services.	
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	\$42.57 per 15 min 6 unit max																Bill on a CMS 1500/837P format	
YES			G0410	GROUP PSYCHOTHERAPY 45-50 MINUTES	\$39.44																Bill on a CMS 1500/837P format	
YES			G0411	INTERACTIVE GROUP PSYCHOTHERAPY	\$44.39																Bill on a CMS 1500/837P format	
YES			90832-90838	INDIVIDUAL PSYCHOTHERAPY	see individual rates below																Bill on a CMS 1500/837P format	
Report Referring or Ordering Provider in the Attending Provider Field	Use rev code specific to lab service	Use procedure code specific to lab service	Laboratory	Priced according to outpatient hospital rates																	Billing for the hospital and hospital lab services is on the UB format/837I outpatient hospital claim type of bill 131	
TREATMENT FOSTER CARE																						
NO			55145	TREATMENT FOSTER CARE THERAPEUTIC Level I Unit = 1 day Max Units = 31	\$265.51																Prior authorization is required.	
NO			55145	TREATMENT FOSTER CARE THERAPEUTIC Level II Unit = 1 day Max Units = 31	\$197.23		U1 (level II)														Prior authorization, including specifically for the modifier, is required.	
OPIOID TREATMENT PROGRAM (OTP) BY AN OPIOID TREATMENT PROVIDER CENTER																						
YES			H0001	OPIOID TREATMENT EXAM - INITIAL MEDICAL EXAM Unit = 1 Service Max units = 1	\$68.48																OPIOID TREATMENT PROGRAM PROVIDERS (Formerly Methadone Treatment Center)	
NO			H0020	METHADONE CLINIC SERVICES Unit = per day Max units = 1	\$18.03																OPIOID TREATMENT PROGRAM PROVIDERS (Formerly Methadone Treatment Center)	
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre- scriptive authority	Master's Level for Independent and for Supervised Non- Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT										
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. These codes will allow federally required counseling services to be reimbursed separately and additionally to other Opioid Treatment Center services.																						
YES			H0025	Opioid Treatment Program - BH prevention/education service with target population to affect knowledge, attitude, and/or behavior individual session Unit = 1	\$54.29 per 30 min unit																OPIOID TREATMENT PROGRAM PROVIDERS (Formerly Methadone Treatment Center)	1 hour of counseling per month is mandated to be rendered by an OTP when the patient is a participant at that center; can be either individual or group
YES			H0025	Group for OTP BH prevention/education service with target population to affect knowledge, attitude, and/or behavior Group session Unit = 1	\$43.38 per 30 min unit		HQ														OPIOID TREATMENT PROGRAM PROVIDERS (Formerly Methadone Treatment Center)	1 hour of counseling per month is mandated to be rendered by an OTP when the patient is a participant at that center; can be either individual or group
HIGH FIDELITY WRAP AROUND SERVICES																						
Report facility NPI in the rendering provider field.		G9003	COORDINATED CARE FEE, RISK ADJUSTED, HIGH, INITIAL	\$1995.41																		
OTHER SPECIALIZED OUTPATIENT SERVICES																						
YES			H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$29.75		HN (bachelors) and CG (policy criteria - in community)														Agency with supervisory certificate, and CLNM HR, all must complete CCSS training	

YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$28.28	HO (masters)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$33.94	HO (masters) and CG (policy criteria - in community)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
NO		H2017	PSYCHO SOC REHAB SVC - Integrated Classroom Unit = 15 min Max Units = 32	\$7.78	With or without HQ (group setting)					PSR for adult recipient meeting SMI criteria
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT)	\$56.67	HK HO (masters level existing team)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT)	\$69.50	HK HO TN (masters level existing team; rural)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT)	\$51.50	HK HN (bachelors level existing team)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT)	\$63.48	HK HN TN (bachelors level existing team; rural)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT)	\$68.72	HK HO (masters level new team)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT)	\$83.79	HK HO TN (masters level new team; rural)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT)	\$63.39	HK HN (bachelors level new team)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT)	\$77.57	HK HN TN (bachelors level new team; rural)					Agency with supervisory certificate, and CLNM HH, all must complete CCSS training
YES		H2033	MULTISYSTEMIC THERAPY (MST)	\$56.46	HO (masters level existing team)					MST licensed
YES		H2033	MULTISYSTEMIC THERAPY (MST)	\$68.26	HO TN (masters level existing team; rural)					MST licensed
YES		H2033	MULTISYSTEMIC THERAPY (MST)	\$46.52	HN (bachelors level existing team)					MST licensed
YES		H2033	MULTISYSTEMIC THERAPY (MST)	\$56.20	HN TN (bachelors level existing team; rural)					MST licensed
YES		H2033	MULTISYSTEMIC THERAPY (MST)	\$61.75	HO (masters level new team)					
YES		H2033	MULTISYSTEMIC THERAPY (MST)	\$74.48	HO TN (masters level new team; rural)					MST licensed
YES		H2033	MULTISYSTEMIC THERAPY (MST)	\$51.40	HN (bachelors level new team)					MST licensed
YES		H2033	MULTISYSTEMIC THERAPY (MST)	\$61.91	HN TN (bachelors level new team; rural)					
YES		90832	Trauma-Focused Cognitive Behavioral Therapy (TF- CBT)	\$77.18	U1					MST licensed
YES		90834	Trauma-Focused Cognitive Behavioral Therapy (TF- CBT)	\$115.76	U1					MST licensed
YES		90837	Trauma-Focused Cognitive Behavioral Therapy (TF- CBT)	\$154.35	U1					MST licensed
YES		90846	Trauma-Focused Cognitive Behavioral Therapy (TF- CBT)	\$128.63	U1					MST licensed
YES		90847	Trauma-Focused Cognitive Behavioral Therapy (TF- CBT)	\$128.63	U1					MST licensed
YES		90832	Eye Movement Desensitization and Reprocessing (EMDR)	\$77.95	U3					MST licensed
YES		90834	Eye Movement Desensitization and Reprocessing (EMDR)	\$116.93	U3					MST licensed
YES		90837	Eye Movement Desensitization and Reprocessing (EMDR)	\$155.90	U3					MST licensed
YES		90846	Eye Movement Desensitization and Reprocessing (EMDR)	\$129.92	U3					MST licensed
YES		90847	Eye Movement Desensitization and Reprocessing (EMDR)	\$129.92	U3					MST licensed
YES		H2019	Dialectical Behavioral Therapy (DBT) - Therapist	\$72.62	HO					
NO		H2020	Dialectical Behavioral Therapy (DBT)- Trainee	\$66.82	HN					
YES		H2021	Dialectical Behavioral Therapy (DBT) - Care Manager	\$61.89						
YES		H2022	Dialectical Behavioral Therapy (DBT) - Group Therapy Rate 2.2	\$62.52	HQ LN					
YES		H2023	Dialectical Behavioral Therapy (DBT) - Group Therapy Rate 2.3 (group of 3-4 individuals)	\$46.39	HQ LP					
NO		H2024	Dialectical Behavioral Therapy (DBT) - Group Therapy Rate 2.5 (group of 5-9 individuals)	\$27.89	HQ LR					
YES		H2025	Dialectical Behavioral Therapy (DBT) - Group Therapy Rate 2:10 (group of 10 or more individuals)	\$13.90	HQ US					
SBIRT (SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT)										
YES		H0049	SBIRT: Alcohol and/or Drug Screening utilizing State developed tool Unit = 1	\$16.60 per service						
YES		H0090	SBIRT: Brief Intervention Unit = 1	\$73.20 per 15 minute unit						
YES		G0444	OTHER BEHAVIORAL HEALTH SCREENING	\$21.00						

YES		G0443	OTHER BRIEF INTERVENTION	\$30.10 Unit = 15 min										
Diagnosis codes to be used with screening, brief intervention, and group therapy only.														
		213.89	Screening for alcohol & other drugs											Provisional dx codes for screening and brief intervention
		213.9	Screening for unspecified (includes mental disorder, depression)											Provisional dx codes for screening and brief interventions
		271.4	Brief intervention -- alcohol abuse counseling and surveillance											Provisional dx codes for screening and brief intervention
		271.5	Brief intervention - drug abuse counseling and surveillance											Provisional dx codes for screening and brief intervention
		271.9	Brief intervention -- counseling, non-specified											Provisional dx codes for screening and brief interventions
		271.4	Brief intervention -- alcohol abuse counseling and surveillance											Provisional diagnosis for clients AFTER screening & brief intervention needing ONLY group therapy. To be used after SBIRT or other screening services and Treat First with group therapy codes 90853 and 90849
		271.5	Brief intervention - drug abuse counseling and surveillance											Provisional diagnosis for clients AFTER screening & brief intervention needing ONLY group therapy. To be used after SBIRT or other screening services and Treat First with group therapy codes 90853 and 90849
		271.9	Brief intervention -- counseling, non-specified											Provisional diagnosis for clients AFTER screening & brief intervention needing ONLY group therapy. To be used after SBIRT or other screening services and Treat First with group therapy codes 90853 and 90849
INTERDISCIPLINARY TEAMING														
YES		G0175	Scheduled interdisciplinary team conference (minimum of 3, exclusive of nursing staff) With patient present Only/lead agency may bill Recipient must be SMI, SED, or SUD	\$271.12 - bill 1 unit for a session of 30 to 89 minutes Only 1 lead can bill for same patient for the same time period	U1									
	RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre- prescriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT	
YES		G0175	Scheduled interdisciplinary team conference (minimum of 3, exclusive of nursing staff) With patient present Only/lead agency may bill Recipient must be SMI, SED, or SUD	\$542.24 - bill 2 units for a session of 90 minutes or more Only 1 lead can bill for same patient for the same time	U1									
YES		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD And the participating agency has only one individual attending	\$94.89 - bill 1 unit for a session of 30 to 89 minutes 2 different non- lead agencies can bill for the same patient for the same session as the lead agency	U2									
YES		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD And the participating agency has only one individual attending	\$189.78 - bill 2 units for a session of 90 minutes or more 2 different non- lead agencies can bill for the same patient for the same session as the lead agency	U2									
YES (any 1 of the 2 or more individuals may be reported)		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD But the participating agency has two or more individuals attending	\$189.78- bill 1 unit for a 30 to 89 minute session 2 different non- lead agencies can bill for the same patient for the same session as the lead agency	U3									
YES (any 1 of the 2 or more individuals may be reported)		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD But the participating agency has two or more individuals attending	\$379.56 - bill 2 units for a session of 90 minutes or more 2 different non- lead agencies	U3									
YES		5020	Lead agency, leading an interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes) lead agency - any BH diagnosis	\$176.23 - bill 1 unit for a session of 30 to 59 minutes Only 1 lead can bill for same patient for the same time period	U1									
YES		5020	Participating practitioner attending interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes) Participating agency (non-lead) - any BH diagnosis	\$94.89 - bill 1 unit for a 30 to 59 minute session Only 1 participating (non-lead) agency can bill for same patient for the same time period for the same session as the lead agency	U2									
YES		5021	Lead agency, leading an interdisciplinary team to coordinate activities of patient care with patient present (approximately 60 minutes) lead agency - any BH diagnosis	\$317.21 - bill 1 unit for a session of 60 minutes or more Only 1 lead can bill for same patient for the same time period	U1									
YES		G0176	ACTIVITY THERAPY SUCH AS MUSIC, DANCE, ART OR PLAY (NOT FOR RECREATION) 45 min or more Unit = 1 service Max Units = 1			\$143.30		\$115.59	\$115.59	\$103.44	\$103.44			

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre- scriptive authority	Master's Level for Independent and for Supervised Non- Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
OTHER BEHAVIORAL HEALTH EVALUATION AND THERAPY CODES												
YES		G0176	ACTIVITY THERAPY GROUP Unit = 1 hour	\$38.54								
rendering and referring		G0406	INPATIENT CONSULTATION TELEHEALTH 15 min Unit = 1 Max unit = 1 per event	\$49.23		\$46.75	\$46.75	\$46.75	\$32.05	\$32.05		
rendering and referring		G0407	INPATIENT CONSULTATION TELEHEALTH 25 min Unit = 1 Max unit = 1 per event	\$93.01		\$84.28	\$84.28	\$84.28	\$59.66	\$59.66		
rendering and referring		G0408	INPATIENT CONSULTATION TELEHEALTH 35 min Unit = 1 Max unit = 1 per event	\$124.37		\$79.17	\$79.17	\$79.17	\$79.17	\$79.17		
NO		G0493	SKILLED SERVICES OF AN RN FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION Unit = 15 min Max units = 40	\$22.17								This code may also be used by the originating site of telehealth when Suboxone induction is being provided through telehealth.
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	\$176.23								For use for a recipient who is not SMI, SED or SUD.
YES		H0033	ORAL MEDICATION ADMINISTRATION AND DIRECT OBSERVATION FOR SUBOXONE Unit = 1 service Max units = 1	\$406.68							For induction only.	This may be done under telehealth also. If an RN is at the originating site, use code G0493.
YES		H0038	INDIVIDUAL PEER SUPPORT Unit = 15 min	\$16.27							Behavioral Health Worker, Peer Support Worker Certified, Family Support Worker Certified, Correctional Peer Specialist	There is no price change, but the use is being expanded to include pay for Community Based Crisis Services in a Behavioral Health Agency
YES		H0038	PEER SUPPORT IN A GROUP SETTING Unit = 15 min	\$9.76	HC						Behavioral Health Worker, Peer Support Worker Certified, Family Support Worker Certified, Correctional Peer Specialist	
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	\$547.58								Code replaces H0031 UB. For providers who may be updating an assessment, please see code T1007.
NO		H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM (ASAM Assessment)	\$168.35								
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre- scriptive authority	Master's Level for Independent and for Supervised Non- Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
NO		H2011	CRISIS INTERVENTION SVC - telephone Unit = 15 min	\$22.96	U1 (telephone)							
NO		H2011	CRISIS INTERVENTION SVC - in a clinic setting face to face Unit = 15 min Max Units = 40	\$34.22	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.	\$68.45	U3 (mobile)							
NO		H2011	CRISIS INTERVENTION SVC - stabilization Unit = 15 min Max Units = 40	\$34.22	U4 (stabilization)							
NO		Q3014	Telehealth Facility Fee Unit = 1 event	\$25.99							Originating site providers	
NO		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.	\$59.10								
NO		T1007	TREATMENT OR SERVICE PLAN UPDATE DEVELOPMENT Unit = 1 service Max units = 1	\$150.18								Use only when updating the service plan that was originally developed with a comprehensive assessment, (H2000).
Ordering or Referring provider		36415	BLOOD DRAW - ROUTINE VENIPUNCTURE	\$10.28								Replaces code 36591.

Some of the codes below allow use of the modifiers UN and TV - 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 Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day on the actual day on which the holiday falls. Services provided on those days may be billed with the TV modifier when indicated below.

YES		90840	PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service. Max Units = 1			\$82.77	\$82.77	\$82.77	\$82.77	\$82.77		
YES		90840	PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service. Max Units = 1		TV or UH	\$82.77	\$82.77	\$82.77	\$82.77	\$82.77		
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description			\$113.76	\$113.76	\$113.76	\$113.76	\$113.76		
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description		TV or UH	\$123.74	\$123.74	\$123.74	\$123.74	\$123.74		
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description		HK - functional family therapy conducted in the home	\$109.12	\$109.12	\$109.12	\$109.12	\$109.12		
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description			\$118.56	\$102.62	\$102.62	\$102.62	\$102.62		
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description		TV or UH	\$148.54	\$128.57	\$128.57	\$128.57	\$128.57		
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description		HK - functional family therapy conducted in the home	\$118.56	\$102.62	\$102.62	\$102.62	\$102.62		
YES		90849	GROUP THERAPY see CPT description			\$42.91	\$42.91	\$42.91	\$42.91	\$42.91		
YES		90849	GROUP THERAPY see CPT description		TV or UH	\$46.07	\$46.07	\$46.07	\$46.07	\$46.07		
YES		90853	GROUP THERAPY see CPT description			\$35.36	\$29.47	\$29.47	\$29.47	\$29.47		
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre- scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
YES		90853	GROUP THERAPY see CPT description		TV or UH	\$42.43	\$35.36	\$35.36	\$35.36	\$35.36		
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		\$40.67		\$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.		TV or UH	\$48.80		\$48.80		\$48.80		
YES		90885	see CPT description	\$69.71								
YES		90889	see CPT description			\$58.01		\$58.05		\$48.23		
YES		96110	see CPT description			\$16.33		\$16.33		\$16.33		
PSYCHOLOGICAL TESTING												
YES		96116	NEUROBEHAVIORAL STATS EXAM see CPT description			\$109.15		\$109.15		\$109.15		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.
YES		96121	NEUROBEHAVIORAL STATS EXAM see CPT description			\$89.41		\$89.41		\$89.41		Each additional hour after 96116
YES		96130	PSYCHOLOGICAL TESTING first hour see CPT description			\$141.50		\$141.50		\$141.50		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour Replaces 96101, 96102
YES		96131	PSYCHOLOGICAL TESTING see CPT description			\$102.14		\$102.14		\$102.14		Each additional hour after 96130
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre- scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Clinical Psychiatric Nurse Specialists and/or Nurse Practitioners	USE	COMMENT

YES		96132	NEUROPSYCHOLOGICAL TESTING see CPT description			\$152.14	\$152.14	\$152.14				Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
YES		96133	NEUROPSYCHOLOGICAL TESTING see CPT description			\$115.35	\$115.35	\$115.35				Each additional hour after 96132	
YES		96136	TEST ADMINISTRATION AND SCORING I see CPT description			\$48.63	\$48.63	\$48.63				Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	
YES		96137	TEST ADMINISTRATION AND SCORING I see CPT description			\$44.49	\$44.49	\$44.49				Each additional 30 minutes after 96136	
YES		96138	TEST ADMINISTRATION AND SCORING I see CPT description			\$37.16	\$37.16	\$37.16				Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	
YES		96139	TEST ADMINISTRATION AND SCORING I see CPT description			\$38.25	\$38.25	\$38.25				Each additional 30 minutes after 96137	
YES		96146	PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING BY COMPUTER see CPT description			\$2.68	\$2.68	\$2.68				Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated results only. Replaced both 96103 and 96110	
YES		96150	see CPT description			\$21.89	\$21.89	\$21.89					
YES		96160	see CPT description	\$4.49									
YES		99202	see CPT description			\$83.43	\$83.43	\$83.43				\$83.43	
YES		99203	see CPT description			\$130.36	\$130.36	\$130.36				\$130.36	
YES		99204	see CPT description			\$194.06	\$194.06	\$194.06				\$194.06	
YES		99205	see CPT description			\$256.47	\$256.47	\$256.47				\$256.47	
YES		99211	see CPT description			\$26.14	\$26.14	\$26.14				\$26.14	
YES		99212	see CPT description			\$65.06	\$65.06	\$65.06				\$65.06	
YES		99213	see CPT description			\$104.57	\$104.57	\$104.57				\$104.57	
YES		99214	see CPT description			\$148.18	\$148.18	\$148.18				\$148.18	
YES		99215	see CPT description			\$208.10	\$208.10	\$208.10				\$208.10	
	RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre- prescriptive authority	Master's level for Independent and for Supervised Non-Independent Licensee Types	Clinical Psychiatric Nurse Specialists and/or Nurse Practitioners	USE	COMMENT
YES			99221	see CPT description			\$98.68	\$98.68	\$98.68			\$98.68	
YES			99222	see CPT description			\$153.97	\$153.97	\$153.97			\$153.97	
YES			99223	see CPT description			\$204.93	\$204.93	\$204.93			\$204.93	
YES			99231	see CPT description			\$58.99	\$58.99	\$58.99			\$58.99	
YES			99232	see CPT description			\$93.47	\$93.47	\$93.47			\$93.47	
YES			99233	see CPT description			\$140.63	\$140.63	\$140.63			\$140.63	
YES			99234	see CPT description			\$130.83	\$130.83	\$130.83			\$130.83	
YES			99235	see CPT description			\$188.17	\$188.17	\$188.17			\$188.17	
YES			99236	see CPT description			\$246.70	\$246.70	\$246.70			\$246.70	
YES			99238	see CPT description			\$94.84	\$94.84	\$94.84			\$94.84	
YES			99239	see CPT description			\$134.76	\$134.76	\$134.76			\$134.76	
REFERRING is required			99242	see CPT description			\$106.47	\$106.47	\$106.47			\$106.47	
REFERRING is required			99243	see CPT description			\$141.96	\$141.96	\$141.96			\$141.96	
REFERRING is required			99244	see CPT description			\$201.05	\$201.05	\$201.05			\$201.05	
REFERRING is required			99245	see CPT description			\$260.42	\$260.42	\$260.42			\$260.42	
YES			99252	see CPT description			\$85.28	\$85.28	\$85.28			\$85.28	
YES			99253	see CPT description			\$116.63	\$116.63	\$116.63			\$116.63	
YES			99254	see CPT description			\$167.70	\$167.70	\$167.70			\$167.70	
YES			99255	see CPT description			\$231.20	\$231.20	\$231.20			\$231.20	
YES			99304	see CPT description			94.47	94.47	94.47			94.47	
YES			99305	see CPT description			\$156.44	\$156.44	\$156.44			\$156.44	
YES			99306	see CPT description			\$213.67	\$213.67	\$213.67			\$213.67	
YES			99307	see CPT description			\$46.14	\$46.14	\$46.14			\$46.14	
YES			99308	see CPT description			\$96.96	\$96.96	\$96.96			\$96.96	
YES			99309	see CPT description			\$124.50	\$124.50	\$124.50			\$124.50	
YES			99310	see CPT description			\$179.38	\$179.38	\$179.38			\$179.38	
YES			99415	see CPT description			Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	
YES			99416	see CPT description			Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	
YES			99417	see CPT description			Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	
YES			99418	see CPT description			Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	Refer to CPT Fee Schedule	
YES			99406	see CPT description			\$17.31	\$17.31	\$17.31			\$17.31	
YES			99407	see CPT description			\$32.50	\$32.50	\$32.50			\$32.50	
BH SERVICES FOR MCO MEMBERS ONLY													
		H2030	Recovery Services										
		S5130	Family Support Services										
		I1005	Respite Services										
FQHC SPECIFIC INSTRUCTIONS FOR CERTAIN SERVICES													
Instructions from Medical Assistance Program Manual Supplement 16-13: Billing and Payment to Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Hospital Based Rural Health Clinics (HB-RHC) and Indian Health Service (IHS) FQHCs (January 6, 2017). See the document at: http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/16-13.pdf													
Most "Specialized BH Services" are services that are typically provided through a Specialized Behavioral Health entity, that is, a Behavioral Health Agency, a Community Mental Health Center, or a Core Service Agency. These services include:													
* Applied Behavioral Analysis (ABA) for treating autism spectrum disorders.													
The FQHC must be specifically approved as a Stage 1, 2, or 3 ABA provider. The individuals rendering the service must also be enrolled specifically as an ABA autism evaluation practitioner, a behavior analyst, or a behavior technician.													

• Assertive Community Treatment (ACT)	The FQHC must have a letter from HSD/BHSD or HSD/MAD approving them for ACT.
• Behavior Management Skills Development (BMS)	The FQHC must be certified by CYFD to provide BMS services.
• Comprehensive Community Support Services (CCSS)	
• Day Treatment (DT)	The FQHC must be certified by CYFD for Day Treatment.
• Intensive Outpatient Program (IOP)	The FQHC must have applied and have been approved as an IOP provider.
• Multi-Systemic Therapy (MST)	The FQHC must be licensed by MST Inc. and follow specific fidelity models, and have the documentation approved by MAD provider enrollment.
• Psychosocial Rehabilitation Services (PSR)	The FQHC must either be licensed as a Community Mental Health Center or designated by HSD/BHSD as also being a Core Service Agency (CSA) and the recipient must be part of the PSR target population.
When the requirements for providing these services are met, including necessary licensing when required as a CMHC or a designation as a CSA, an FQHC can be authorized to provide these services under its FQHC provider type. Many FQHCs began providing some of these services as other non-FQHC providers discontinued their operations in New Mexico.	
These specialized behavior health services are different than the typical behavioral health evaluations, therapies, and group therapies rendered by an individual provider or professional group. (Note that for "non-specialized services" such as the typical evaluation and therapy, which is not one of the specialized behavioral health services listed above, FQHCs bill using the UB format as an FQHC encounter, using revenue code 0919 and are paid at the FQHC encounter rate.)	
The specialized behavioral health services are best identified using the CMS 1500 format and corresponding 837-P electronic transactions. Therefore, the FQHC must bill for the specialized BH services to MCOs using the CMS 1500 format and only when they are approved to provide specific specialized behavioral health services. Using the CMS 1500 format permits the MCO to determine the utilization of services and manage the qualifications of the provider.	
The FQHC is entitled to, at a minimum, the fee-for-service FQHC encounter rate. However, the MCO and the FQHC may negotiate a different rate for each Specialized BH Service. For example, the FQHC rate for IOP does not need to be the same as for Day Treatment.	
Not applicable to Rural Health Clinics (RHC) and Hospital Based Rural Health Clinics (HB-RHC). When a RHC or HB-RHC qualifies to render any of the Specialized Behavior Health Services, they obtain a separate Medicaid provider for their Specialized Behavioral Health Services and enroll separately as a BHA, CMHC, or CSA, as appropriate. These Specialized Behavioral Health Services are not part of the core services for these types of providers and are, therefore, not paid at their encounter rates. Rather, the negotiated MCO fee schedule or Medicaid FFS schedule rates apply.	
It is important that the MCO edit the claims to ensure that no more than one encounter rate is paid per day unless the recipient goes to the FQHC more than once in a day with a different diagnosis, or had two distinct types of visits such as:	
	• A physical health visit and a dental visit on the same day.
	• A physical health visit and a separate behavioral health service provided by a different provider on the same day.
	• More than one distinct Specialized Behavioral Health service which does not otherwise overlap or is prohibited from being billed in conjunction with another Specialized BH Service per the NMAC for Specialized Behavioral Health Services.