

Behavioral Health Fee Schedule Effective 8/1/2014 corrected

Service Code	Service Title	Billing Provider. Note that a Rendering Provider May be Required	Modifiers: Use HO for Masters (or Higher) Level, HN for Bachelors Level and HM for Less than a Bachelors Level or paraprofessional.	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and Non-Independent Licensure Types	Clinical Psychiatric Nurse Specialists and/or Nurse Practitioners
	Revenue Code							
0190	RTC	\$243.00						
0191	RTC-DESERT HILLS-GIRLS TX UNIT ONLY	\$270.00						
1001	ARTC - PSYCHIATRIC	\$270.00						
1002	ARTC - CHEMICAL DEPENDENCY	\$270.00						
1005	Group home	\$112.50						
	HCPCS Code							
H0001	METHADONE CLINIC INITIAL MEDICAL EXAM	\$50.52						
H0015	INTENSIVE OUTPATIENT (IOP)	\$47.39						
H0020	METHADONE CLINIC SERVICES	\$13.30						
H0031	MH HEALTH ASSESS BY NON-MD CMHC/ CSA	\$403.94	U8					
H0031	MH HEALTH ASSESS BY NON-MD	\$130.00						
H0033	Providers with Federal Suboxone Certification	\$300.00						
H0039	ASSER COM TX FACE-FACE/15MIN	\$39.75	see billing instructions					
H2010	COMPREHENSIVE MED SVC 15 MIN	\$54.31						
H2011	CRISIS INTERVEN SVC, 15 MIN telephone	\$16.13	U1					
H2011	CRISIS INTERVEN SVC, 15 MIN face to face	\$24.05	U2					
H2011	CRISIS INTERVEN SVC, 15 MIN mobile	\$24.05	U3					
H2012	BEHAV HLTH DAY TREAT, PER HR	\$17.51						
H2014	ADAPTIVE SKILLS BLDG	\$12.09	U1					
H2014	BEHAVIOR MANAGEMENT	\$8.34						
H2015	COMP COMM SUPP SVC, 15 MIN	\$19.88	HO					
H2015	COMP COMM SUPP SVC, 15 MIN	\$17.42	HN					
H2015	COMP COMM SUPP SVC, 15 MIN	\$14.46	HM					
H2016	COMP COMM SUPP SVC, PER DIEM	For Indian Health Service & 638 Tribal Facilities use revenue code 0919 modifiers HO, HN or HM						
H2017	PSYSOC REHAB SVC, PER 15 MIN	\$5.47	HQ					
H2033	MULTISYSTEMIC THERAPY (MST)	\$37.50	HO					
H2033	MULTISYSTEMIC THERAPY (MST)	\$35.00	HN					
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE	\$15.65		\$15.65		\$15.65		\$15.65
Q3014	TELEHEALTH FACILITY FEE	\$22.47						

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S5145	FOSTER CARE THERAPEUTIC, PER DIEM	\$164.90						
S5145	FOSTER CARE THERAPEUTIC II, PER DIEM	\$121.25	U1					
T1007	TREATMENT PLAN DEVELOPMENT	\$110.80	U8					
T1007	TREATMENT PLAN DEVELOPMENT	\$110.00	HV					
	Refer to the CPT manual for the codes below							
90785				\$3.50	\$3.50	\$3.50	\$3.50	\$3.50
90791				\$115.75	\$115.75	\$115.75	\$93.85	\$105.32
90792				\$147.03		\$133.05		\$133.05
90832				\$63.66	\$50.18	\$50.18	\$47.86	\$46.30
90833				\$40.93		\$40.93		\$40.93
90834				\$100.68	\$81.21	\$81.21	\$72.68	\$71.95
90836				\$66.44		\$66.44		\$66.44
90837				\$135.19	\$82.97	\$82.97	\$76.28	\$71.95
90838				\$107.32		\$107.32		\$107.32
90839		\$70.00						
90840		\$35.00						
90846				\$95.26	\$67.90	\$67.90	\$66.93	\$66.93
90846	Providers must have a contract with FFT, LLC		HK	\$95.26	\$67.90	\$67.90	\$66.93	\$66.93
90847				\$112.62	\$88.63	\$88.63	\$83.42	\$83.42
90847	Providers must have a contract with FFT, LLC		HK	\$112.62	\$88.63	\$88.63	\$83.42	\$83.42
90849				\$30.50	\$24.25	\$24.25	\$24.25	\$24.25
90853				\$29.10	\$24.25	\$24.25	\$24.25	\$24.25
90863				\$67.78		\$67.78		\$67.78
90889				\$42.80	\$42.82	\$42.82	\$35.58	\$35.58
90899				\$10.67	\$8.73	\$8.73	\$5.82	\$5.82
96101				\$87.30	\$87.30	\$87.30		
96102					\$38.80	\$38.80		
96103					\$72.75	\$72.75		
96105					\$58.84	\$58.84		
96110					\$12.05	\$12.05		

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96111				\$60.52	\$60.52	\$60.52		
96116				\$60.52	\$60.52	\$60.52		
96118				\$97.00	\$97.00	\$97.00		
96119					\$38.80	\$38.80		
96120					\$72.75	\$72.75		
96150					\$22.79	\$22.79		
96151					\$22.79	\$22.79		
99201				\$31.30		\$31.30		\$31.30
99202				\$62.55		\$62.55		\$62.55
99203				\$93.52		\$93.52		\$93.52
99204				\$93.52		\$93.52		\$93.52
99205				\$132.70				\$132.70
99211				\$20.25		\$20.25		\$20.25
99212				\$36.89		\$36.89		\$36.89
99213				\$50.52		\$50.52		\$50.52
99214				\$79.45		\$79.45		\$79.45
99215				\$116.27				\$116.27
99217				\$69.63		\$69.63		\$69.63
99218				\$66.54		\$66.54		\$66.54
99219				\$110.72		\$110.72		\$110.72
99220				\$155.51				
99221				\$67.23		\$61.11		\$61.11
99222				\$111.39		\$100.88		\$100.88
99223				\$155.17				\$140.65
99231				\$33.61		\$31.04		\$31.04
99232				\$54.97		\$50.44		\$50.44
99233				\$78.16		\$70.81		\$70.81
99234				\$133.77		\$121.25		\$121.25
99235				\$176.52				\$160.05
99236				\$220.29				\$199.32
99238				\$69.63		\$63.05		\$63.05

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99239				\$94.95		\$86.33		\$86.33
99241				\$45.99	\$31.53	\$31.53	\$31.53	\$31.53
99242				\$80.51	\$56.99	\$56.99	\$56.99	\$56.99
99243				\$107.19	\$75.42	\$75.42	\$75.42	\$75.42
99244				\$152.29	\$106.70	\$106.70	\$106.70	\$106.70
99245				\$196.91	\$156.17	\$156.17	\$140.26	\$140.26
99251				\$33.68	\$23.98	\$23.98		\$23.98
99252				\$65.45	\$55.75	\$55.75		\$55.75
99253				\$88.27	\$78.21	\$78.21		\$78.21
99254				\$127.07	\$113.66	\$113.66		\$113.66
99255				\$174.60	\$145.50	\$145.50		\$145.50
99304				\$70.99		\$70.99		\$70.99
99305				\$94.34		\$94.34		\$94.34
99306				\$116.51		\$116.51		\$116.51
99307				\$36.62		\$36.62		\$36.62
99308				\$60.66		\$60.66		\$60.66
99309				\$85.54		\$85.54		\$85.54
99310				\$107.10		\$107.10		\$107.10
99354				97.45				
99355				\$96.41				
99356				\$89.65				
99357				\$90.35				
99406				\$13.19	\$13.19		\$13.19	\$13.19
99407				\$25.83	\$25.83		\$25.83	\$25.83
	Managed Care Only	Rates May Be Set By MCO						
S5110	Family Support Services (Home Care Training, adults per 15 minutes)	\$13.45						
H2030	Recovery Services	\$5.09						

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S5135	Community Intervener I Companion Care, adult	\$6.25						
S5135	Community Intervener II Companion Care, adult	\$7.00	U2					
T1005	Respite Services	\$5.00						
H0019	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-MEDIAL, NON-ACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITHOUT ROOM AND BOARD, PER DIEM	MCO allowed amount						
H2023	SUPPORTED EMPLOYMENT, PER 15 MINUTES	MCO allowed amount						
T1016	Case Management	MCO allowed amount						
T1027	FAMILY TRAINING & COUNSELING	MCO allowed amount						
S9482	FAMILY STABILIZATION 15 MIN	\$12.00						