PROPOSED FEE SCHEDULE FOR BEHAVIORAL HEALTH PROVIDERS Effective July 1, 2023, or as listed below

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 Practitioner and Psychiatric Clinical Nurse Specialist	s S USE	COMMENT
Residential Treatment Centers for You	uth											
Report Referring or Ordering Provider in the	0190		RTC for youth	\$243.00								Level of Care determination and prior authorization
Attending Provider Field	0190		Daily rate, not including discharge date Units = number of days	\$243.00							Approved RTC provider	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	\$350.00							Juvenile ARTC for BH	Level of Care determination and prior authorization required. LOC = AR3
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	\$350.00							Juvenile ARTC for BH	Level of Care determination and prior authorization required. LOC = AR4
Report Referring or Ordering Provider in the Attending Provider Field	1005		GROUP HOME for youth Daily rate, not including discharge date Units = number of	\$150.00							Group Homes	Level of Care determination and prior authorization required.
Residential Treatment Centers for Ada			davs									LOC = TR2
Report Referring or Ordering Provider in the	uits (Substance Use Disorders)		Tier 3 - ASAM levels 3.7 and 3.7WM placement criteria for	Determined for each provider based on							1	
Attending Provider Field	1003	H0017	medically monitored short term residential addiction program.	cost data							Adult ARTC	Effective 11/1/19
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.	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	н0019	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 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							IHS and Tribal 638 Healthcare Facilities	
NO	0919		FQHC for BH services unless separate rate established Unit = 1 encounter, more than one encounter can occur per day for different specialized BH services	FQHC encounter rate							are those other than evaluation and therap	odes on the UB format. Specialized BH services, which py codes, are billed on the CMS 1500 but are paid at the one special service on the same day, use the XE, XP, or
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 Supervise Non- Independent Licensure Types	d Psychiatric Certified Nurse Practitioner and Psychiatric Clinical Nurse Specialist	s s USE	COMMENT
INSTITUTIONS FOR MENTAL DISEASE												
			Lance of the state	Territoria de la consta	•	ı		1	ı	1		
Report Referring or Ordering Provider in the Attending Provider Field			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.	te Level of Care determination based on ASAM patient placement criteria and prior authorization required.
Report Referring or Ordering Provider in the Attending Provider Field 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 Institute for Mental Disease (IMD) Inpatient for mental disease or SUD for patient under age 21 or over 65	FFS As negotiated for MCOs % of billed charges then cost settled for FFS							UB format using inpatient types of bill.	e Level of Care determination based on ASAM patient placement criteria and prior authorization required. Level of Care determination based on ASAM patient placement criteria and prior authorization required.
Attending Provider Field Report Referring or Ordering Provider in the Attending Provider Field	0116 for private room 0126 for semi private room 0114 for private room 0124 for semi private room		For inpatient for SUD for patient aged 22 through 64 Institute for Mental Disease (IMD) Inpatient for mental disease or SUD for patient under age 21 or over 65	FFS As negotiated for MCOs % of billed charges then cost settled for FFS As negotiated for MCOs							UB format using inpatient types of bill. Free standing psych hospitals, billing on the	placement criteria and prior authorization required. Level of Care determination based on ASAM patient
Attending Provider Field Report Referring or Ordering Provider in the Attending Provider Field	0116 for private room 0126 for semi private room 0114 for private room 0124 for semi private room		For inpatient for SUD for patient aged 22 through 64 Institute for Mental Disease (IMC) Impatient for mental disease or SUD for patient under age 21 or over 65 C, or OP service environments in which WM is prov	FFS As negotiated for MCOs % of billed charges then cost settled for FFS As negotiated for MCOs	this is for tracking purposes	only.					UB format using inpatient types of bill. Free standing psych hospitals, billing on the	placement criteria and prior authorization required. Level of Care determination based on ASAM patient
Attending Provider Field Report Referring or Ordering Provider in the Attending Provider Field	0116 for private room 0126 for semi private room 0114 for private room 0124 for semi private room wification) codes - To be adde	d to all IP, IMD, ARTC, CT H0014	For inpatient for SUD for patient aged 22 through 64 Institute for Mental Disease (IMD) Inpatient for mental disease or SUD for patient under age 21 or over 65	FFS As negotiated for MCOs % of billed charges then cost settled for FFS As negotiated for MCOs	this is for tracking purposes	only.					UB format using inpatient types of bill. Free standing psych hospitals, billing on the	placement criteria and prior authorization required. Level of Care determination based on ASAM patient
Attending Provider Field Report Referring or Ordering Provider in the Attending Provider Field	1016 for private room 0126 for semi private room 114 for private room 0124 for semi private room 114 for private room 114 for private room 115 for semi private room 116 for semi private room 116 for private room 117 for private room 118 for		For logistions for SUD for patient aged 22 through 64 Institute for Mental Disease (IMD) inpatient for mental disease or SUD for patient undertage 21 or over 65 C, or OP service environments in which WM is pro- Ambulatory detoulication (ASAM levels 1 and 2)	FFS As negotiated for MCOs % of billed charges then cost settled for FFS As negotiated for MCOs	this is for tracking purposes	only.					UB format using inpatient types of bill. Free standing psych hospitals, billing on the	placement criteria and prior authorization required. Level of Care determination based on ASAM patient
Attending Provider Field Report Referring or Ordering Provider in the Attending Provider Field	1016 for private room 0126 for semi private room 0114 for private room 0124 for semi private room wification) codes - To be added When billing the UB/8371 format, use rev code 029 When billing the UB/8371 format,	H0014	For inpatient for SUD for patient aged 22 through 64 Institute for Alexated Clisace (IRO) inpatient for meatal disease or SUD for patient under age 21 or over 65 Or OP service environments in which WM is prov Ambulatory detacification (ASAM levels 1 and 2) Data Social detactification (ASAM levels 3.2 WM) in residential or crisis triage center Acute detacification (ASAM level 3.7 WM) in a residential treatment center or crisis treatment center or crisis	FFS As negotiated for MCOs % of billed charges then cost settled for FFS As negotiated for MCOs	this is for tracking purposes	only.					UB format using inpatient types of bill. Free standing psych hospitals, billing on the	placement criteria and prior authorization required. Level of Care determination based on ASAM patient
Attending Provider Field Report Referring or Ordering Provider in the Attending Provider Field	O116 for private room 0126 for serior private room 0126 for serior private room 0124 for serior private room 025 for serior private room 02	H0014	For inpatient for SUD for patient aged 22 through 64 Institute for Mental Disease (IMO) inpatient for meatad disease of SUD for patient under age 21 or over 65 G. or OP service environments in which WM is pro- table of the SUD for patient (IMO) in which WM is pro- table of the SUD for patient (IMO) in which WM is pro- table of the SUD for patient (IMO) in residential or crisis triage center Active desentization (ASMM levels 3.2 WM) in residential or crisis triage center Active desentization (ASMM level 3.2 WM) in a residential vestiment catter or crisis	FFS As negotiated for MCOs % of billed charges then cost settled for FFS As negotiated for MCOs	this is for tracking purposes	only.					UB format using inpatient types of bill. Free standing psych hospitals, billing on the	placement criteria and prior authorization required. Level of Care determination based on ASAM patient
Attending Provider Field Report Referring or Ordering Provider in the Attending Provider Field	D116 for pivate room 0126 for semi private room 0126 for semi private room 0124 for private room 0124 for semi private room 0126 for semi private room 0126 for semi private room walfication) codes - To be added Whee his liling the UNJE371 format, use rev code 0229 When billing the UNJE371 format, use rev code 0229 When billing the UNJE371 format, use rev code 0229 When billing the UNJE371 format, use rev code 0229	H0014 H0010	For inpatient for SUD for patient aged 22 through 64 Institute for Alexated Clisace (IRO) inpatient for meatal disease or SUD for patient under age 21 or over 65 Or OP service environments in which WM is prov Ambulatory detacification (ASAM levels 1 and 2) Data Social detactification (ASAM levels 3.2 WM) in residential or crisis triage center Acute detacification (ASAM level 3.7 WM) in a residential treatment center or crisis treatment center or crisis	FFS As negotiated for MCOs % of billed charges then cost settled for FFS As negotiated for MCOs	this is for tracking purposes	only.					UB format using inpatient types of bill. Free standing psych hospitals, billing on the	placement criteria and prior authorization required. Level of Care determination based on ASAM patient
Attending Provider Field Report Referring or Ordering Provider in the Attending Provider Field	D116 for pivaler recom 0.126 for semi private recom 0.126 for semi private recom 0.124 for private recom 0.124 for semi private recom 0.124 for semi private recom 0.124 for semi private recom 0.126 for semi private recom 0.126 for which beling the UB/8271 format, use rev code 0.229 When billing the UB/8271 format, use rev code 0.229 When billing the UB/8271 format, use rev code 0.229 When billing the UB/8271 format, use rev code 0.229	H0014 H0010 H0011 H0008	For inputient for SUD for patient aged 22 through 64 institute for Merital Disease (MD) inputient for mental disease or SUD for patient under age 21 or over 65 institute of the Patient under age 21 or over 65 institute of Patient under age 21 or over 65 institute of Patient Under age 21 or over 65 institute of Patient Under age 22 or over 65 institute of Patient Under age 22 or over 65 institute of Patient Under age 22 or over 65 institute of Patient Under age 22 or over 65 institute of Patient Under age 22 or over 65 institute of Patient Under age 22 or over 65 institute of Patient Under age 22 or over 65 institute of Patient Under age 22 or over 65 institute Original Under age 22 or over 65 institute O	FFS As negotiated for MCOs % of billed charges then cost settled for FFS As negotiated for MCOs	this is for tracking purposes	only.					UB format using inpatient types of bill. Free standing psych hospitals, billing on the	placement criteria and prior authorization required. Crevel of Care determination based on ASSM gatters, placement criteria and prior authorization required.
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Attending Provider Field Saport Melerning of Ordering Provider in the Attending Provider Field Withdrawall Management (WM) (deta No	D11s for private room 0126 for semi private room 126 for semi private room 0126 for semi private room 0124 for private room 0124 for semi private room 0126 for semi private room 0126 for semi private room 0276 when billing the UR/8371 format, use rev code 0229 when billing the UR/8371 format, use rev code 0229. When billing the UR/8371 format, use rev code 0229 when billing the UR/8371 format, use rev code 0229 when billing the UR/8371 format, use rev code 0229 care room 0229 when billing the UR/8371 format, use rev code 0229 care room 022	H0010 H0010 H0011 H0008	For Impations for SUD for patient aged 22 through 64 Institute for Metted Stasses (IMO) impatient for meetal desses or SUD for patient under age 21 or over 65 Co. Or OP service environments in which WMI is prov modulatory detaulification (ASAM levels 3 and 2) Sub-acute detaulification (ASAM levels 3 and 2) Sub-acute detaulification (ASAM level 4 and 3 and and and acute detaulification (ASAM level 4 and 3 and and acute detaulification (ASAM level 4 and 3 and acute detaulification (ASAM level 4 an	FIS An negotisted for MCOS Sof blind charges then cost settled for FIS As negotisted for MCOS Based on cost analysis Based on cost analysis Based on cost analysis Based on cost analysis Based for cost analysis Based for cost analysis Based for tracking Despite for tracking	this is for tracking purposes	only.					Us format using inpatient types of bill. Fires standing payeth hospitals, tilling on the Us format using inpatient types of bill.	sistement criteria and prior authorization required. I level of Care determination based on ASSM patient sistement criteria and prior authorization required. I level of Care determination based on ASSM patient sistement criteria and prior authorization required. I level of Care determination of Care dete

	0916		Family Therapy	No payment - bill for tracking		1				1		Payment included in base price based on cost
1	0916		Family Inerapy	purposes only								analysis
NO	0944		Drug Rehab	No payment - bill for tracking								Payment included in base price based on cost analysis
NO.	0945		Alcohol Rehab	purposes only No payment - bill for tracking					1			analysis Payment included in base price based on cost
				purposes only								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								Payment included in base price based on cost
CRISIS SERVICES				purposes only	L							analysis
HUB - Use Informational Modifier	HA if MRSS team for children											
NO		\$9485	Mobile Crisis - Hub - Licensed Response	\$1.541.34	но						For use by DOH licensed CTCs,	Always bill this code for a non-residential CTC
1.0									 		provider type 342, specialty 247 For use by DOH licensed CTCs,	.,
NO		S948S	Mobile Crisis - Hub - Licensed Response with Peer	\$1,549.47	нт						provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO		59485	Mobile Crisis - Hub - Non-Licensed Response	\$1,355.29	но						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 Mod	difier HA if MRSS team for chil	dren	In Hub								provider type 342, specialty 247	
NO		H2011	Licensed Response - Crisis Licensed & Crisis Level 1	\$74.10	но						For use by DOH licensed CTCs,	Always bill this code for a non-residential CTC
		H2011	Non-Licensed Non-Licensed Response - Crisis Level II Non-Licensed	\$65.82							provider type 342, specialty 247 For use by DOH licensed CTCs,	Always bill this code for a non-residential CTC
NO			& Crisis Peer/Youth & Family Support Licensed Response - Crisis Licensed & Crisis	•							provider type 342, specialty 247 For use by DOH licensed CTCs,	-
NO		H2011	Peer/Youth & Family Support	\$74.10	HT						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										l.	provider type 342, specialty 247	
NO		H0030	Mobile Crisis Follow-Up - Telephone	\$23.70	на						For use by DOH licensed CTCs,	Always bill this code for a non-residential CTC
Stabilization Services - Children	1					1			1		provider type 342, specialty 247	1
NO		59482	Stabilization Services - Licensed & Peer	\$77.49	HA HT						For use by DOH licensed CTCs,	Always bill this code for a non-residential CTC
110	1			\$77.49	HA HT				1	<u> </u>	provider type 342, specialty 247 For use by DOH licensed CTCs,	-,
NU		S9482	Stabilization Services - Licensed & Non-Licensed		na HI						provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO	<u> </u>	S9482	Stabilization Services - Non-Licensed Only	\$41.45	на				<u>] </u>	<u> </u>	For use by DOH licensed CTCs, provider type 342, specialty 247	Always bill this code for a non-residential CTC
NO		59482	Stabilization Services - Licensed Only	\$51.98	HA HO						For use by DOH licensed CTCs,	Always bill this code for a non-residential CTC
								PHD with pre- scriptive authority	Master's Level for Independent and for Supervised	Psychiatric Certified Nurse Practitioners	provider type 342, specialty 247	
									Non- Independent Licensure Types	and Psychiatric Clinical Nurse Specialists		
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD				USE	COMMENT
PARTIAL HOSPITALIZATION												Transcription in the baseline and baseline lab and the baseline in the baselin
Report Referring or Ordering Provider in the				\$677.80 per day, during which a minimum of 4							This is the code which a hospital uses to bill for partial hospitalization. It is inclusive of all	the UB format/8371 outpatient hospital claim, type of
Attending Provider Field	0912	50201	Partial Hospitalization	hours of services must have been							services provided except for: 1. Lab services which may be billed	bill 131. Bill on a UB: revenue code 0912 with HCPCS
PARTIAL HOSPITALIZATION - PROFESS	SIONAL SERVICES WHEN PROV	IDED BY THE INSTITUTION	N'S PROFESSIONAL COMPONENT OR PROVIDERS N	provided during the day.	AFE				l	L	additionally	code \$0301. The unit will be 1 fee for the day
TANTAL TOST TALLEATION THOTES	JOHAL SERVICES WHEN I ROV			\$42.57					1			I
YES		97530	OCCUPATIONAL SERVICES -THERAPEUTIC	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	\$44.19					 			Bill on a CMS 1500/837P format
TES												
L		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		90838	INDIVIDUAL PSYCHOTHERAPY									Billing for the hospital and hospital lab services is on
Report Referring or Ordering Provider in the Attending Provider Field	Use rev code specific to lab service	90838 Use procedure code specific	INDIVIDUAL PSYCHOTHERAPY Laboratory	see individual rates below Priced according to outpatient hospital rules								
Attending Provider Field	Use rev code specific to lab service	90838										Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Report Referring or Ordering Provider in the Attending Provider Field TREATMENT FOSTER CARE	Use rev code specific to lab service	90838 Use procedure code specific	Laboratory									Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field	Use rev code specific to lab service	90838 Use procedure code specific to lab service		Priced according to outpatient hospital rules								Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field	Use rev code specific to lab service	90838 Use procedure code specific	Laboratory								Prior authorization is required.	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field	Use rev code specific to lab service	90838 Use procedure code specific to lab service	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Level 1 Level 1 Unit = 1 day Max Units = 31 TREATMENT FOSTER CARE THERAPEUTIC	Priced according to outpatient hospital rules \$265.51							Prior authorization, including specifically	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field	Use rev code specific to lab service	90838 Use procedure code specific to lab service	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Server 1 Level 1 TREATMENT FOSTER CARE THERAPEUTIC Server 1 TREATMENT FOSTER CARE THERAPEUTIC Server 1 Level 11	Priced according to outpatient hospital rules	U1 (level II)							Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field TREATMENT FOSTER CARE NO NO		90838 Use procedure code specific to lab service 55145	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Level 1 Level 1 Unit = 1 day Max Units = 31 TREATMENT FOSTER CARE THERAPEUTIC	Priced according to outpatient hospital rules \$265.51	UI (level II)						Prior authorization, including specifically	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field		90838 Use procedure code specific to lab service 55145	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Server 1 Level 1 TREATMENT FOSTER CARE THERAPEUTIC Server 1 TREATMENT FOSTER CARE THERAPEUTIC Server 1 Level 11	Priced according to outpatient hospital rules \$265.51	U1 (level II)						Prior authorization, including specifically	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field TREATMENT FOSTER CARE NO NO		90838 Use procedure code specific to lab service 55145	LIBORATORY TREATMENT FOSTER CASE THERAPEUTIC seed I unit = 1 day May Units = 31 TREATMENT FOSTER CASE THERAPEUTIC level II unit = 1 day May Units = 31	Priced according to outpatient hospital rules \$265.51	U1 (level II)						Prior authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAM PROVIDERS	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field TREATMENT FOSTER CARE NO NO		90838 Use procedure code specific to lab service 55145 55145 ROVIDER CENTER	Laboratory TREATMONT POSTER CAME THERAPEUTIC cared! Unit = 1 day. Most Units = 31 TREATMONT FOSTER CAME THERAPEUTIC cared! Unit = 1 day. Most Units = 31 OPPOID TREATMONT EXAM - INITIAL MEDICAL EXAM Unit = 1 Service Max units = 1	Priced according to outpatient hospital rules 5365.51	U1 (level II)						Prior authorization, including specifically for the modifier, is required. OPICID TREATMENT PROGRAM PROVIDERS [formerly Methadone Treatment center]	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field TREATMENT FOSTER CARE NO NO		90838 Use procedure code specific to bib service 55145 S5145 ROVIDER CENTER H0001	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Lovel I Units 1 day Max Units = 31 TREATMENT FOSTER CARE THERAPEUTIC Lovel II Units 1 day Max Units = 31 OPICIO TREATMENT EXAM - INITIAL MEDICAL EXAM Units 1 day Was Units = 31 METHADONG CURIC SERVICES	Priced according to outpatient hospital rules \$246.51 \$197.23	U1 (level 10)						Prior authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAM PROVINCES (formerly Methadone Treatment Center) OPIOID TREATMENT PROGRAM OPIOID TREATMENT PROGRAM	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field TREATMENT FOSTER CARE NO NO		90838 Use procedure code specific to lab service 55145 55145 ROVIDER CENTER	Laboratory TREATMONT POSTER CAME THERAPEUTIC cared! Unit = 1 day. Most Units = 31 TREATMONT FOSTER CAME THERAPEUTIC cared! Unit = 1 day. Most Units = 31 OPPOID TREATMONT EXAM - INITIAL MEDICAL EXAM Unit = 1 Service Max units = 1	Priced according to outpatient hospital rules 5365.51	UI (level II)						Prior authorization, including specifically for the modifier, is required. OPICID TREATMENT PROGRAM PROVIDERS [formerly Methadone Treatment center]	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
Attending Provider Field TREATMENT FOSTER CARE NO NO		90838 Use procedure code specific to bib service 55145 S5145 ROVIDER CENTER H0001	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Lovel I Units 1 day Max Units = 31 TREATMENT FOSTER CARE THERAPEUTIC Lovel II Units 1 day Max Units = 31 OPICIO TREATMENT EXAM - INITIAL MEDICAL EXAM Units 1 day Was Units = 31 METHADONG CURIC SERVICES	Priced according to outpatient hospital rules \$246.51 \$197.23	UI (level II)			PHD with pre-scriptive authority	Master's Level for Independent and for Supervised	Psychiatric Certified Nurse Practitioners	Prior authorization, including specifically for the modifier, is required. OPIGID TREATMENT PROGRAM PROVINCES (formerly Methadone Treatment Contier) OPIGID TREATMENT PROGRAM PROVINCES (FORMER)	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
ARENDAM PROVIDER FIND TREATMENT FOSTER CARE NO OPHOLO TREATMENT PROGRAM (OTP) YES NO	BY AN OPIGID TREATMENT P	90338 Use procedure code specific to lab service 55146 55146 MOVIDER CENTER HIDDOI HIDDOID	Laboratory TREATMENT FOSTER CARE THERAPPUTIC Level 1 Unit = 1 Gay Max Units = 31 TREATMENT FOSTER CARE THERAPPUTIC Level 1 Unit = 1 Gay Max Units = 31 OPIGIO TREATMENT ESAM - INTINA, MESICAL ESAM Unit = 1 Service Max units = 1 METHADONE CLINIC SERVICES Unit = per day Max units = 1	Priced according to outputter throughton rules \$256.51 \$187.23 \$568.48 \$18.03				PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensum Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clarks Munta Specialistic	Prior authentration, including specifically for the modifier, is required. OPIGIO TREATMENT PROGRAM. PROVINCES. (Immerly Methadone Treatment Center) OPIGIO TREATMENT PROGRAM. PROVINCES. (Including Methadone Treatment Center)	Billing for the hospital and hospital sib services is on the UB format/BJT outpetient hospital claim type of bill 131
Attending Provider Field TREATMENT FOSTER CARE NO NO		90838 Use procedure code specific to bib service 55145 S5145 ROVIDER CENTER H0001	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Lovel I Units 1 day Max Units = 31 TREATMENT FOSTER CARE THERAPEUTIC Lovel II Units 1 day Max Units = 31 OPICIO TREATMENT EXAM - INITIAL MEDICAL EXAM Units 1 day Was Units = 31 METHADONG CURIC SERVICES	Priced according to outpatient hospital rules \$246.51 \$197.23	UI (leel II) MODIFIES IF APPLICABLE	маусо	PHD	PHD with pre-scriptive authority			Prior authorization, including specifically for the modifier, is required. OPIGID TREATMENT PROGRAM PROVINCES (formerly Methadone Treatment Contier) OPIGID TREATMENT PROGRAM PROVINCES (FORMER)	Billing for the hospital and hospital lab services is on the UB format/8371 outpatient hospital claim
AREATMENT FOSTER CARE NO OPIGID TREATMENT PROGRAM (OTF) YES REMORRING PROVIDER REQUIRED	BY AN OPIOID TREATMENT P	90838 Use procedure code specific to lab service 55145 S5145 ROWIDER CENTER H0001 H00020 CPT OR HCRCS CODE	TREATMENT FOSTER CAME THERAPPEUTIC send if units 1 day Mar Units 2 31 TREATMENT FOSTER CAME THERAPPEUTIC level if Units 2 day Mar Units 2 31 OPPIOD TREATMENT EXAM - INITIAL MEDICAL EXAM Unit = 1 Service Max units = 1 METHADONG CUNIC SERVICES Unit = pe day Max units = 1 DESCRIPTION WITHIN MEDICALIP PROGRAM	Priced according to outpatient hospital rules \$265.51 \$265.51 \$5197.23 \$568.48 \$118.03	MODIFIERS IF APPLICABLE						Prior authentration, including specifically for the modifier, is required. OPIGIO TREATMENT PROGRAM. PROVINCES. (Immerly Methadone Treatment Center) OPIGIO TREATMENT PROGRAM. PROVINCES. (Including Methadone Treatment Center)	Billing for the hospital and hospital sib services is on the UB format/BJT outpetient hospital claim type of bill 131
AREATMENT FOSTER CARE NO OPHOLISTREATMENT PROGRAM (OTP) YES NO REMORRING PROVIDER REQUIRED These new codes for counseling are a	BY AN OPIOID TREATMENT P	90838 Use procedure code specific to lab service 55145 S5145 ROWIDER CENTER H0001 H00020 CPT OR HCRCS CODE	Laboratory TREATMENT FOSTER CARE THERAPPUTIC Level 1 Unit = 1 Gay Max Units = 31 TREATMENT FOSTER CARE THERAPPUTIC Level 1 Unit = 1 Gay Max Units = 31 OPIGIO TREATMENT ESAM - INTINA, MESICAL ESAM Unit = 1 Service Max units = 1 METHADONE CLINIC SERVICES Unit = per day Max units = 1	Priced according to outpatient hospital rules \$265.51 \$265.51 \$5197.23 \$568.48 \$118.03	MODIFIERS IF APPLICABLE						Prior authentration, including specifically for the modifier, is required. OPIGIO TREATMENT PROGRAM. PROVINCES. (Immerly Methadone Treatment Center) OPIGIO TREATMENT PROGRAM. PROVINCES. (Including Methadone Treatment Center)	Billing for the hospital and hospital sib services is on the UB format/BJT outpetient hospital claim type of bill 131
AREATMENT FOSTER CARE NO OPIGID TREATMENT PROGRAM (OTF) YES REMORRING PROVIDER REQUIRED	BY AN OPIOID TREATMENT P	90838 Use procedure code specific to lab service 55145 S5145 ROWIDER CENTER H0001 H00020 CPT OR HCRCS CODE	TREATMENT FOSTER CASE THERAPEUTIC served I units = 1 day Mar Units = 31 TREATMENT FOSTER CASE THERAPEUTIC lovel II Units = 1 day Mar Units = 31 OPPIOD TREATMENT EXAM - INITIAL MEDICAL EXAM Units = 1 Service Mar units = 1 METHADONE CLINIC SERVICES Unit = per day Mar units = 1 DESCRIPTION WITHIN MEDICALIP PROGRAM Existing codes for dispensing methadone and other	Priced according to outpatient hospital rules \$265.51 \$265.51 \$5197.23 \$568.48 \$118.03	MODIFIERS IF APPLICABLE						Filer authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAMA PROVIDERS (formerly Methadone Treatment Center) FOR CENTER OF TREATMENT PROGRAMA PROVIDERS (formerly Methadone Treatment Center) USE	Billing for the hospital and hospital lab services is on the UB format/BET colpatient hospital claim type of bill 131 COMMENT
AREATMENT FOSTER CARE NO OPHOLISTREATMENT PROGRAM (OTP) YES NO REMORRING PROVIDER REQUIRED These new codes for counseling are a	BY AN OPIOID TREATMENT P	90338 Use procedure code specific to lab service 55145 S5145 ROYJDER CENTER H0001 H00020 CPT OR HCPCS CODE Centers in addition to the	Laboratory TREATMENT FOSTER CARE THERAPPUTIC Level 1 Unit 1 (Mr. 1 (Mr. 1) (Mr. 1) (Mr. 1 (Mr. 1) (Mr. 1) (Mr. 1 (Mr. 1) (Mr. 1) (Mr. 1) (Mr. 1) (Mr. 1 (Mr. 1) (Mr.	Priced according to outpatient hospital rules \$265.31 \$197.23 \$568.45 \$18.03 FRE SCHEDULE AMOUNT services currently relimbursed to to	MODIFIERS IF APPLICABLE						Filer authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAMA PROVINCES (former) Methadone Treatment Center) (Former) Methadone Treatment Center) USE OPIOID TREATMENT PROGRAM PROVINCES OPIOID TREATMENT PROGRAMA PROVINCES	Billing for the hospital and hospital lab services is on the UE format/BJT outpatient hospital claim type of bill 131 COMMENT COMMENT Low of convening per month is mandated to be reached by a COTI when the pastent to a participant
AREATMENT FOSTER CARE NO OPHOLISTREATMENT PROGRAM (OTP) YES NO REMORRING PROVIDER REQUIRED These new codes for counseling are a	BY AN OPIOID TREATMENT P	90838 Use procedure code specific to lab service 55145 S5145 ROWIDER CENTER H0001 H00020 CPT OR HCRCS CODE	Laboratory TREATMENT FOSTER CARE THERAPPUTIC Level 1 Unit = 1 Gay Max Units = 31 TREATMENT FOSTER CARE THERAPPUTIC Level 1 Unit = 1 Gay Max Units = 31 OPCIOL TREATMENT EXAM - INTUR, MEDICAL EXAM Unit = 1 Service Max units = 1 METHADONIC LINIC SERVICES Unit = per day Max units = 1 DESCRIPTION WITHIN MEDICALID PROGRAM Existing codes for dispensing methadone and other Opioid Treatment Program - BH prevention/education service with Larger population as affect knowledge,	Priced according to outpatient hospital rules \$265.51 \$265.51 \$5197.23 \$568.48 \$118.03	MODIFIERS IF APPLICABLE						Prior authorization, including specifically for the modifier, is required. PRIOR TREATMENT PROGRAM PROVINCES OPEON TREATMENT PROGRAM PROVINCES (Unrely Methadone Treatment Center) USE USE OPEON TREATMENT PROGRAM	Billing for the hospital and hospital lab services is on the UE format/B3T outpetient hospital claim type of bill 131 COMMENT COMMENT 1 hour of counseling per month is mandatated to be
AREATMENT FOSTER CARE NO OPHOLISTREATMENT PROGRAM (OTP) YES NO REMORRING PROVIDER REQUIRED These new codes for counseling are a	BY AN OPIOID TREATMENT P	90338 Use procedure code specific to lab service 55145 S5145 ROYJDER CENTER H0001 H00020 CPT OR HCPCS CODE Centers in addition to the	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Level I Units 1 day Mas Units = 31 DEFINITION OF THERAPEUTIC Level I Units 1 day Mas Units = 31 OPPOID TREATMENT EXAM - INITIAL MEDICAL EXAM Units = 1 day Mas Units = 3 METHADONG CLINIC SERVICES Units = per day Mas units = 1 OESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WITHIN MEDICALD PROGRAM OSCRIPTION WITHIN MEDICALD PROGRAM ODJOINT TREATMENT PROGRAM - 384 prevention/violacitien service with larget population to affect knowledge,	Priced according to outpatient hospital rules \$246.51 \$187.23 \$68.48 \$18.03 PRE SCHEDULE AMOUNT services currently reimbursed to 1 \$54.29	MODIFIERS IF APPLICABLE						Filer authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAMA PROVINCES (former) Methadone Treatment Center) (Former) Methadone Treatment Center) USE OPIOID TREATMENT PROGRAM PROVINCES OPIOID TREATMENT PROGRAMA PROVINCES	Billing for the hospital and hospital lab services is on the UE format/BJT outpatient hospital claim type of bill 131 COMMENT COMMENT Low of convening per month is mandated to be reached by a COTI when the pastent to a participant
AREATMENT FOSTER CARE NO OPHOLISTREATMENT PROGRAM (OTP) YES NO REMORRING PROVIDER REQUIRED These new codes for counseling are a	BY AN OPIOID TREATMENT P	90338 Use procedure code specific to lab service 55145 S5145 ROYJDER CENTER H0001 H00020 CPT OR HCPCS CODE Centers in addition to the	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Level I Unit 1 (20) Max Units = 31 OPECIO TREATMENT CARE THERAPEUTIC Level II Unit 1 (20) Max Units = 31 OPECIO TREATMENT EXAM - INITIAL MEDICAL EXAM Unit = 1 Service Max units = 1 METHADONE CLINIC SERVICES Unit - per day Max units = 1 DESCRIPTION WITHIN MEDICALD PROGRAM Existing codes for dispensing methadone and othe Opicial Treatment Program. Bit privention/education service with target population to affect throwindige, attitude, and/or behavior instruktions.	Priced according to outpatient hospital rules \$246.51 \$187.23 \$68.48 \$18.03 PRE SCHEDULE AMOUNT services currently reimbursed to 1 \$54.29	MODIFIERS IF APPLICABLE						Filer authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAMA PROVINCES (former) Methadone Treatment Center) (Former) Methadone Treatment Center) USE OPIOID TREATMENT PROGRAM PROVINCES OPIOID TREATMENT PROGRAMA PROVINCES	Billing for the hospital and hospital lab services is on the UE format/BJT outpatient hospital claim type of bill 131 COMMENT COMMENT Librar of counseling per month is mandated to be reduced by an OTP when the patient is a principant at that center, can be other included or group at that center, can be other included.
AREATMENT FOSTER CARE NO OPHOLISTREATMENT PROGRAM (OTP) YES NO REMORRING PROVIDER REQUIRED These new codes for counseling are a	BY AN OPIOID TREATMENT P	90338 Use procedure code specific to lab service 55145 S5145 ROVIDER CENTER HIDDOL HIDDOL EFF OR HCRCS CODE Enters in addition to the	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Level I Units 1 day Mais Units = 31 DIFFICIAL CARE THERAPEUTIC Level II Units = 1 day Mais Units = 31 OPICIO TREATMENT FOSTER CARE THERAPEUTIC Level II Units = 1 days Mais Units = 31 METHADONIC CLINIC SERVICES Units = per day Mais units = 1 DESCRIPTION WITHIN MEDICALD PROGRAM Existing codes for dispensing methadone and othe Colpical Treatment Program - 8H prevention/education service with Larget population to affect knowledge, attitude, and/or level.	Priced according to outpatient hospital notes \$285.51 \$187.23 \$585.48 \$18.03 PRE SCHEDUE AMOUNT services currently relimbursed to 0 \$54.29 per 30 min unit	MOGIFIES IF APPLICABLE						Prior authorization, including specifically for the modifier, is required. OPIGIO TREATMENT PROGRAM SOUTHWEST TREATMENT PROGRAM PROVINCES USE OPIGIO TREATMENT PROGRAM PROVINCES USE OPIGIO TREATMENT PROGRAM PROVINCES (Genery)	Billing for the hospital and hospital lab services is on the UE format/B3T outpetient hospital claim type of bill 131 COMMENT COMMENT Library 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
AREATMENT FOSTER CARE NO OPHOLISTREATMENT PROGRAM (OTP) YES NO REMORRING PROVIDER REQUIRED These new codes for counseling are a	BY AN OPIOID TREATMENT P	90338 Use procedure code specific to lab service 55145 S5145 ROYJDER CENTER H0001 H00020 CPT OR HCPCS CODE Centers in addition to the	TREATMENT FOSTER CASE THERAPEUTIC Level Leve	Priced according to outpatient hospital rules \$145.51 \$187.23 \$68.48 \$18.03 PRE SCHEDULE AMOUNT * services currently reimbursed to 1 \$54.29 per 30 mm unit	MODIFIERS IF APPLICABLE						Prior authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAM PROVIDERS OPIOID TREATMENT PROGRAM PROVIDERS USE OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Gormely Methadone Treatment Center)	Billing for the hospital and hospital tab services is on the UB format/B3T outgattent hospital claim type of bill 131 COMMENT COMMENT Low of counseling per month is mandaled to be residented by an OTP when the pastent is a principant at that center, can be other individual or group. Show of counseling per month is mandaled to be rendered by an OTP when the pastent is a principant at that center, can be other individual or group.
TREATMENT FOSTER CARE NO OPHOD TREATMENT PROGRAMA (OTP YES NO REMORRING PROVIDER REQUIRED These new codes for counseling are a additionally to other Opioid Treatment YES	BY AN OPIOID TREATMENT P REVINUE CODE REVINUE CODE Illowed for Opioid Treatment C	90338 Use procedure code specific to lab service 55145 S5145 ROVIDER CENTER HIDDOL HIDDOL EFF OR HCRCS CODE Enters in addition to the	TREATMENT FOSTER CARE THERAPEUTIC Level I Unit = 1 day Max Units = 31 OPICIO TREATMENT FOSTER CARE THERAPEUTIC Lovel II Unit = 1 day Max Units = 31 OPICIO TREATMENT EXAM - INITIAL MEDICAL EXAM METHADONE CLINIC SERVICES Unit = per day Max units = 1 DESCRIPTION WITHER MEDICALD PROGRAM Existing codes for dispensing methadone and othe service with target population to affect knowledge, attitude, and/or braid session units = 1 days to the service with target population to units = 1 Group for OTP Bit prevention/education service with target population to affect from the control of the service with target population to affect from the days are the service with target population to affect from the days are the service with target population to affect from the service with target population to a service wit	Priced according to outpatient hospital notes \$285.51 \$187.23 \$585.48 \$18.03 PRE SCHEDUE AMOUNT services currently relimbursed to 0 \$54.29 per 30 min unit	MOGIFIES IF APPLICABLE						Prior authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAM PROVIDERS OPIOID TREATMENT PROGRAM PROVIDERS USE OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Gormely Methadone Treatment Center)	Billing for the hospital and hospital tab services is on the UB format/B3T outgattent hospital claim type of bill 131 COMMENT COMMENT Low of counseling per month is mandaled to be residented by an OTP when the pastent is a principant at that center, can be other individual or group. Show of counseling per month is mandaled to be rendered by an OTP when the pastent is a principant at that center, can be other individual or group.
AREMORRANG PROVIDER REQUIRED THESE TREATMENT FOSTER CARE NO OPPOID TREATMENT PROGRAMA (OTP) YES NO REMORRANG PROVIDER REQUIRED These new codes for counseling are a additionally to other Opioid Treatmen YES HIGH FIDELITY WRAP AROUND SERVI	BY AN OPIOID TREATMENT P REVINUE CODE REVINUE CODE Illowed for Opioid Treatment C	90338 Use procedure code specific to lab service 55145 S5145 ROVIDER CENTER HIDDOL HIDDOL EFF OR HCRCS CODE Enters in addition to the	TREATMENT FOSTER CARE THERAPEUTIC Level I Unit = 1 day Max Units = 31 OPICID TREATMENT FOSTER CARE THERAPEUTIC Lovel II Unit = 1 day Max Units = 31 OPICID TREATMENT EXAM - INITIAL MEDICAL EXAM METHADONE CLINIC SERVICES Unit = per day Max units = 1 DESCRIPTION WITHER MEDICALD PROGRAM Existing codes for dispensing methadone and othe curic service with target population to affect knowledge, attitude, and/or bridge, address the service with target population for affect knowledge, attitude, and/or bridge-ducation service with target population or affect knowledge, attitude, and/or bridge-ducation service with target population or affect knowledge, attitude, and/or bridge-ducation service with target population to affect knowledge, attitude, and/or behavior Unit = 1	Priced according to outpatient hospital notes \$285.51 \$187.23 \$585.48 \$18.03 PRE SCHEDUE AMOUNT services currently relimbursed to 0 \$54.29 per 30 min unit	MOGIFIES IF APPLICABLE						Prior authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAM PROVIDERS OPIOID TREATMENT PROGRAM PROVIDERS USE OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Gormely Methadone Treatment Center)	Billing for the hospital and hospital tab services is on the UB format/B3T outgattent hospital claim type of bill 131 COMMENT COMMENT Low of counseling per month is mandaled to be residented by an OTP when the pastent is a principant at that center, can be other individual or group. Show of counseling per month is mandaled to be rendered by an OTP when the pastent is a principant at that center, can be other individual or group.
AREATMENT FOSTER CARE NO NO OPIOID TREATMENT PROGRAM (OTP) YES ANDERING PROVIDER REQUINED These new codes for counseling are a additionally to other Opioid Treatment yes YES HIGH FIDELITY WRAP AROUND SERVI Report facility NPI in the rendering	BY AN OPIOID TREATMENT P REVINUE CODE REVINUE CODE Illowed for Opioid Treatment C	90338 Use procedure code specific to lab service 55145 S5145 ROVIDER CENTER HIDDOL HIDDOL EFF OR HCRCS CODE Enters in addition to the	TREATMENT FOSTER CASE THERAPEUTIC Level Leve	Priced according to outpatient hospital notes \$285.51 \$187.23 \$585.48 \$18.03 PRE SCHEDUE AMOUNT services currently relimbursed to 0 \$54.29 per 30 min unit	MOGIFIES IF APPLICABLE						Prior authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAM PROVIDERS OPIOID TREATMENT PROGRAM PROVIDERS USE OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Gormely Methadone Treatment Center)	Billing for the hospital and hospital tab services is on the UB format/B3T outgattent hospital claim type of bill 131 COMMENT COMMENT Low of counseling per month is mandaled to be residented by an OTP when the pastent is a principant at that center, can be other individual or group. Show of counseling per month is mandaled to be rendered by an OTP when the pastent is a principant at that center, can be other individual or group.
TREATMENT FOSTER CARE NO POOL TREATMENT FOSTER CARE NO POOL TREATMENT PROGRAMA (OTP) PUS REMOREMO PROVIDER REQUIRED These new codes for counseling are a additionally to other Opioid Treatment VIS HIGH FIDELITY WRAP AROUND SERVI REPORT facility NPI in the rendering provider field.	BY AN OPIOID TREATMENT P REVENUE CODE REVENUE CODE Illowed for Opioid Treatment C et Center services.	90338 Use procedure code specific to lab service \$53445 \$53445 H0001 H00020 CPT OR HCPCS CODE Centers in addition to the: H00025	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Level I UNIT 1 SAY MAR UNITS = 31 OPENIO TREATMENT FOSTER CARE THERAPEUTIC Level II UNIT 1 SAY MAR UNITS = 31 OPENIO TREATMENT EXAM. INITIAL MEDICAL EXAM UNIT = 1 Service Mar units = 1 METHADONE CLINIC SERVICES UNIT = per day Mar units = 1 DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WITHIN MEDICALD PROGRAM UNIT = 1 DESCRIPTION WITHIN MEDICALD PROGRAM UNIT = 1 DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WITHIN MEDICALD PROGRAM UNIT = 1 DESCRIPTION WITHIN MEDICALD PROGRAM UNIT = 1 DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WI	Priced according to outpatient hospital rules \$249.31 \$197.23 \$588.45 \$18.03 PRE SOMEOUE AMOUNT recruices currently relimbursed to 0 \$542.29 per 30 min unit	MOGIFIES IF APPLICABLE						Prior authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAM PROVIDERS OPIOID TREATMENT PROGRAM PROVIDERS USE OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Gormely Methadone Treatment Center)	Billing for the hospital and hospital tab services is on the UB format/B3T outgattent hospital claim type of bill 131 COMMENT COMMENT Low of counseling per month is mandaled to be residented by an OTP when the pastent is a principant at that center, can be other individual or group. Show of counseling per month is mandaled to be rendered by an OTP when the pastent is a principant at that center, can be other individual or group.
AREATMENT FOSTER CARE NO NO OPIOID TREATMENT PROGRAM (OTP) YES ANDERING PROVIDER REQUINED These new codes for counseling are a additionally to other Opioid Treatment yes YES HIGH FIDELITY WRAP AROUND SERVI Report facility NPI in the rendering	BY AN OPIOID TREATMENT P REVENUE CODE REVENUE CODE Illowed for Opioid Treatment C et Center services.	90338 Use procedure code specific to lab service \$53445 \$53445 H0001 H00020 CPT OR HCPCS CODE Centers in addition to the: H00025	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Level I Units 1 day Mas Units = 31 OPICID THEATMENT FOSTER CARE THERAPEUTIC Level II Units = 1 day Mas Units = 31 OPICID THEATMENT EXAM - INITIAL MEDICAL EXAM Units = 1 Service Mas units = 1 METHADOMIC CLINIC SERVICES Units = per day. Mas units = 1 DESCRIPTION WITHIN MEDICALO PROGRAM Existing codes for dispensing methadone and other active with target population affect knowledge, attitude, anglor behavior Initialities, anglor behavior Initiality of OTP Bits prevention/education service with target population to affect knowledge, attitude, anglor behavior Group seasion Units = 2 COORDINATED CARE FEE, RISK ADJUSTED, HIGH, INITIAL	Priced according to outpatient hospital rules \$249.31 \$197.23 \$588.45 \$18.03 PRE SOMEOUE AMOUNT recruices currently relimbursed to 0 \$542.29 per 30 min unit	MOGIFIES IF APPLICABLE Opicial Treatment Centers. 1 HQ						Prior authorization, including specifically for the modifier, is required. OPIGIO TREATMENT PROGRAM SOURCES SECTION Methadone Treatment Center) OPIGIO TREATMENT PROGRAM PROVINCES USE OPIGIO TREATMENT PROGRAM PROVINCES (Germery Methadone Treatment Center) OPIGIO TREATMENT PROGRAM PROVINCES (Germery Methadone Treatment Center) OPIGIO TREATMENT PROGRAM PROVINCES (Germery Methadone Treatment Center)	Billing for the biografial and hospital lab services is on the UB format/B3T outgateen hospital claim type of bill 131 COMMENT COMMENT Low of counseling per month is mandated to be rendered by an OTH when the patient is a participant at that center, can be other individual or group. 1 hour of counseling per month is mandated to be rendered by an OTH when the patient is a participant at that center, can be other individual or group.
TREATMENT FOSTER CARE NO POOL TREATMENT FOSTER CARE NO POOL TREATMENT PROGRAMA (OTP) PUS REMOREMO PROVIDER REQUIRED These new codes for counseling are a additionally to other Opioid Treatment VIS HIGH FIDELITY WRAP AROUND SERVI REPORT facility NPI in the rendering provider field.	BY AN OPIOID TREATMENT P REVENUE CODE REVENUE CODE Illowed for Opioid Treatment C et Center services.	90338 Use procedure code specific to lab service \$53445 \$53445 H0001 H00020 CPT OR HCPCS CODE Centers in addition to the: H00025	Laboratory TREATMENT FOSTER CARE THERAPEUTIC Level I UNIT 1 SAY MAR UNITS = 31 OPENIO TREATMENT FOSTER CARE THERAPEUTIC Level II UNIT 1 SAY MAR UNITS = 31 OPENIO TREATMENT EXAM. INITIAL MEDICAL EXAM UNIT = 1 Service Mar units = 1 METHADONE CLINIC SERVICES UNIT = per day Mar units = 1 DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WITHIN MEDICALD PROGRAM UNIT = 1 DESCRIPTION WITHIN MEDICALD PROGRAM UNIT = 1 DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WITHIN MEDICALD PROGRAM UNIT = 1 DESCRIPTION WITHIN MEDICALD PROGRAM UNIT = 1 DESCRIPTION WITHIN MEDICALD PROGRAM DESCRIPTION WI	Priced according to outpatient hospital rules \$249.31 \$197.23 \$588.45 \$18.03 PRE SOMEOUE AMOUNT recruices currently relimbursed to 0 \$542.29 per 30 min unit	MOGIFIES IF APPLICABLE						Prior authorization, including specifically for the modifier, is required. OPIOID TREATMENT PROGRAM PROVIDERS OPIOID TREATMENT PROGRAM PROVIDERS USE OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Green'y Methadone Treatment Center) OPIOID TREATMENT PROGRAM PROVIDERS (Gormely Methadone Treatment Center)	Billing for the biografial and hospital lab services is on the UB format/B3T outgateen hospital claim type of bill 131 COMMENT COMMENT Low of counseling per month is mandated to be rendered by an OTH when the patient is a participant at that center, can be other individual or group. 1 hour of counseling per month is mandated to be rendered by an OTH when the patient is a participant at that center, can be other individual or group.
AREMOTER PROVIDER REQUIRED TREATMENT FOSTER CARE NO OPHOID TREATMENT PROGRAM (OTP) YES RENOTRING PROVIDER REQUIRED These new codes for counseling are a additionally to other Opioid Treatment yes YES HIGH FREELITY WRAP AROUND SERVI REPORT facility NP In the rendering provider field.	BY AN OPIOID TREATMENT P REVENUE CODE REVENUE CODE Illowed for Opioid Treatment C et Center services.	90338 Use procedure code specific to lab service 55146 55146 H0001 H00020 CPT OR NCPC CODE Centers in addition to the: H00025 H00025	Laboratory TREATMENT FOSTER CARE THERAPPUTIC Level I Unit 1 day Max Units = 31 Unit 1 day Max Units = 31 OPIGIO TREATMENT ESSAN INITIAL MESICAL ESSAN Unit = 1 Service Max units = 1 METHADONE CLINIC SERVICES Unit = per day Max units = 1 DESCRIPTION WITHIN MEDICALD PROGRAM Existing codes for dispensing methadone and othe Opicial Treatment Program Bit prevention/education units = 1 Comp for OIP Bit prevention/education service with target population to affect knowledge, satitude, and/or behavior Group season Unit = 1 COORDINATED CARE FEE, RISK ADJUSTED, HIGH, INITIAL	Priced according to outpatient hospital rules \$289.31 \$197.23 \$48.48 \$18.03 PRE SCHEDULE AMOUNT **services currently relimbursed to 0 \$44.29 per 30 min unit \$41.38 per 30 min unit	MODIFIES IF APPLICABLE Diploid Treatment Centers. 1 HQ HQ HQ HQ Databolary and CG (policy)						Prior autherization, including specifically for the modifier, is required, for the modifier, is required. OPIGIO TREATMENT PROGRAM PROVINCES. (Internet) Methodone Treatment Center) OPIGIO TREATMENT PROGRAM PROVINCES. USE OPIGIO TREATMENT PROGRAM PROVINCES. (Internet) Methodone Treatment Center) OPIGIO TREATMENT PROGRAM PROVINCES. (Internet) Methodone Treatment Center) OPIGIO TREATMENT PROGRAM PROVINCES. (Internet) Methodone Treatment Center)	Billing for the hospital and hospital lish services is on the UB format/B3T codpatient hospital claim type of bill 131 COMMENT COMMENT Low of coverseling per month is manufacted to be rendered by an OTD when the patient is a gardiquent at that center, can be either individual or group. 1 hour of exerciseling per month is manufacted to be rendered by an OTD when the patient is a gardiquent at that center, can be either individual or group.

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)	3				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	
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)	3				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	но						
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 UN						
YES		H2023	Dialectical Behavioral Therapy (DBT)- Group Therapy Rate 2:3 (group of 3-4 inividuals)	\$46.39	HQ UP						
NO		H2024	Dialectical Behavioral Therapy (DBT) - Group Therapy Rate 2:5 (group of 5-9 individuals)	\$27.89	HQ UR						
YES		H2025	Dialectical Behavioral Therapy (DBT) - Group Therapy Rate 2:10 (group of 10 or more individuals	\$13.90	HQ US						
SBIRT (SCREENING, BRIEF INTERVENT	ION, AND REFERRAL TO TREAT	MENT)	1	\$36.60			1		ı		
			SBIRT: Alcohol and/or Drug Screening utilizing State	per service							
YES		H0049	developed tool Unit = 1								
YES		H0050	SBIRT: Brief Intervention Unit = 1	\$73.20						1	
YES		G0444	OTHER BEHAVIORAL HEALTH SCREENING	per 15 minute unit \$21.00						1	
						1				1	

YES		G0443	OTHER BRIEF INTERVENTION	\$30.10 Unit = 15 min								
Diagnosis codes to be used with scree	ning, brief intervention, and g	roup therapy only.		Unit = 15 min								
		Z13.89	Screening for alcohol & other drugs								Provisional dx codes for screening and brief intervention	
		Z13.9	Screening for unspecified (includes mental disorder, depression)								Provisional dx codes for screening and brief	
		Z71.4	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	
		271.9	Brief intervention – counseling, non- specified								Intervention Provisional dx codes for screening and brief	
		Z71.4	Brief intervention – alcohol abuse counseling and surveillance								Intervention 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	
		Z71.9	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		1	Scheduled interdisciplinary team conference (minimum of	Care and hill a control of an exercise of an		I						
YES		G0175	3, exclusive of nursing staff) With patient present Only lead agency may bill Recipient must be SMI, SED, or SUD	527.1.2 bill in line for a session of 30 to 89 minutes Only 1 lead can bill for same patient for the same time period	UI							
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 Practitioner: and Psychiatric Clinical Nurse Specialist	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	נט							
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	uz							
YES		G0175	Same as above but for a non-lead agency, participating at the same sestion for SM, SED, UID. 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	UZ							
YES (any 1 of the 2 or more individuals may be reported)		G0175	Same at 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	ΠΞ							
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	Uŝ							
YES		\$0220	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	נט							
YES		50220	Participating practitioner attending interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes) Participating agency (non-lead) - any BH diagnosis	594.89 - 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	UJ							
YES		50221	Lead agency, leading an interdisciplinary team to coordinate activities of patient care with patient present (approximately 60 minutes) lead agency - any 8H 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	UI							
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		

								PHD with pre- scriptive authority	Master's Level for Independent and for Supervised	Psychiatric Certified Nurse Practitioner		
								,	Non- Independent Licensure Types	and Psychiatric Clinical Nurse Specialist		
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD				USE	COMMENT
OTHER BEHAVIORAL HEALTH EVALUAT	TION AND THERAPY CODES											
YES		G0176	ACTIVITY THERAPY-GROUP Unit = 1 hour	\$38.54	но							
			INPATIENT CONSULTATION TELEHEALTH									
rendering and referring		G0406	15 min Unit = 1 Max unit = 1 per event			\$49.23	\$46.75	\$46.75	\$32.05	\$32.05		
			INPATIENT CONSULTATION TELEHEALTH									
rendering and referring		G0407	Unit = 1 Max unit = 1 per event			\$93.01	\$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		
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 MIH 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	на						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 Mid or SED recipient Unit = 1 service per recipient Max units = 1 Each practitioner cannot bill for the same session	\$547.58								Code replaces H0031 U8. 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								
								PHD with pre- scriptive authority	Master's Level for Independent and for Supervised Non- Independent Licensure Types	Psychiatric Certified Nurse Practitioner and Psychiatric Clinical Nurse Specialist	5	
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD			,	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	CRISS INTERVENTION SVC - 2 individuals mobile Unit = 15 min. Max Units = 40 min. Max Units = 40 min. The rata 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						1	Originating site providers	
NO		T1001	NURSING ASSESSMENT EVALUATION for Behavioral Health Assessment which may be prolonged in crists 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 mod	difiers 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 cor	isidered to be official State holidays: I	iew Year's Day, Memorial Day, Indepe	ndence Day, Labor Day, Thanksgiving I	Day and Christmas Day on the actual day on which the	ne holiday falls. Services provided on the	se days may be billed with the TV modifier w	when indicated below.

YES		90785	ADD ON CODE, in addition to primary procedure per session see CPT description Unit = 1 service Max Units = 1			\$17.56	\$17.56	\$17.56	\$17.56	\$17.56		
YES		90785	ADO ON CODE see CPT description Unit = 1 service Max Units = 1		Т V О г и и	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	psychiatrist, psychologist, CD# with psych- specially, psychiatric CKS, independent Secreted mater's level, and non- independents working in a CSA, CRHC, CIMM HR, YQM, BK\$/638, hospital OP, or in a BHA or OTP with a supervisory protocol certificate	
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		90791	EVALUATION Set CPT description Unit = 1 service Max Units = 1			\$205.66	\$205.66	\$205.66	\$205.66	\$205.66	psychiatrist, psychologist, CDP with psych specially, psychiatric CDS, independit licensed master's level, and non- independents working in a CSA, CMHC, CLNM HH, FDHC, HS, (638, hospital OP, or in a BHA or OTP with a supervisory protocol certificate	
YES		90791	EVALUATION NOT CPT description Unit = 1 service Mass Units = 1		TV or UH	\$205.66	\$205.66	\$205.66	\$205.66	\$205.66	osychiatris, psychologist, CDP with psych specially, psychiatric, CDS, independent licensed mister's level, and non- independents working in a CSA, CMHC, CLMM HH, FDMC, HS\(\partial\) Aspiral OP, or in a BHA or OTP with a supervisory protocol certificate	
YES		90792	THERAPY see CPT description Unit = 1 service Max Units = 1			\$231.28		\$210.57		\$210.57		
YES		90792	THERAPY see CPT description Unit = 1 service Max Units = 1		TV or UH	\$231.28		\$210.57		\$210.57		
YES		90832	THERAPY see CPT description Unit = 30 min Max Units = 2. One session is billed as 1			\$89.00	\$81.39	\$81.39	\$81.39	\$81.39		
YES		90832	THERAPY see CPT description Unit = 30 min Max Units = 2		TV or UH	\$89.00	\$81.38	\$81.38	\$81.38	\$81.38		
YES		90833	PSYCHOTHERAPY WITH MED EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 30 min Max Units = 2			\$81.82		\$81.82		\$81.82		
YES		90833	PSYCHOTHERAPY WITH MED EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 30 min Max Units = 2		TV or UH	\$81.83		\$81.83		\$81.83		
YES		90834	THERAPY see CPT description Unit = 45 min Max Units = 2 One session is billed as 1			\$117.78	\$95.01	\$95.01	\$90.74	\$90.74		
YES		90834	THERAPY see CPT description Unit = 45 min Max Units = 2 One session is billed as 1		TV or UH	\$132.79	\$107.11	\$107.11	\$102.29	\$102.29		
YES		90836	UNIX PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2			\$103.81		\$103.81		\$103.81		
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 Certifled Nurse Practitioners and Psychiatric Clinical Nurse Specialists	use	COMMENT
YES		90836	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2		TV or UH	\$103.81		\$103.81		\$103.81		
YES		90837	THERAPY see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit			\$173.25	\$149.34	\$149.34	\$149.34	\$149.34		
YES		90837	THERAPY see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit		TV or UH	\$173.25	\$149.34	\$149.34	\$149.34	\$149.34		
YES		90838	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1			\$137.33		\$137.33		\$137.33		
YES		90838	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1		TV or UH	\$137.33		\$137.33		\$137.33		
YES		90839	PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units			\$166.51	\$166.51	\$166.51	\$166.51	\$166.51		
YES		90839	PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units = 1		TV or UH	\$166.51	\$166.51	\$166.51	\$166.51	\$166.51		
L			L:		1		1	1	1			

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	\$103.12	\$103.12	\$103.12	\$103.12	\$103.12		
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			\$42.91	\$42.91	\$42.91	\$42.91	\$42.91		
YES		90849	see CPT description GROUP THERAPY		TV or UH	\$46.07	\$46.07	\$46.07	\$46.07	\$46.07		
YES		90853	see CPT description GROUP THERAPY			\$35.36	\$29.47	\$29.47	\$29.47	\$29.47		
			see CPT description			******				Psychiatric Certified Nurse Practitioners		
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PRO with pre-scriptive authority	Non- Independent Licensure Types	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	\$58.05	\$48.23	\$48.23		
YES PSYCHOLOGICAL TESTING		96110	see CPT description			\$16.33	\$16.33	\$16.33				
			NEUDROBEHAVIDRAL STATS EXAM see CPT description								Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgmente, e.g. acquired involvedige, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professions, both face to face time with the patient and time interpreting that results and preparing the report, first four.	
YES		96116	NEUOROBEHAVIORAL STATS EXAM			\$109.15	\$109.15	\$109.15				
YES		96121	see CPT description			\$89.41	\$89.41	\$89.41			Each additional hour after 96116	
715		96130	PRICEIDAGICAL TESTING first how use CFF description			\$141.50	\$141.50	\$141.50			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, integration of standardised test results and clinical data, clinical diction making, trainient planning and report and interactive feedback to the patient, family memorphic or cargiver(s), when performed, first hour	Replaces 96101, 96102
YES		96131	PSYCHOLOGICAL TESTING see CPT description	1		\$102.14	\$102.14	\$102.14		1	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 use CPT description			\$152.14	\$152.14	\$152.14			Neuropsechological testing evaluations services by physication or other qualified basilities are prefereional, including large states of particular and a properties of standardised 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 consistency of the patient of the patient planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour caregiver(s), when performed, first hour planning and patient planning and patient feedback to the patient state feedback to the patient state feedback to the patient state feedback to the patient feedback from the patient feedback from the patient feedback from the patient feedback from the patient feedback from the patient from the patient feedback from the patient from the patient from the patient from the patient feedback from the patient from the patient fr	
YES		96133	NEUROPSYCHOLOGICAL TESTING see CPT description			\$115.35	\$115.35	\$115.35			Each additional hour after 96132	
			see CP1 description								Psychological or neuropsychological test	
YES		96136	TEST ADMINISTRATION AND SCORING I see CPT description			\$48.63	\$48.63	\$48.63			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 NEUROPSYCHOLOGIAL 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 96120	
YES		96150 96160	see CPT description see CPT description	****		\$21.89	\$21.89	\$21.89				
YES		99202	see CPT description see CPT description	\$4.49		\$83.43		\$83.43		\$83.43		
YES		99203	see CPT description			\$130.36		\$130.36		\$130.36		
YES		99204 99205	see CPT description see CPT description			\$194.06 \$256.47		\$194.06 \$256.47		\$194.06 \$256.47		
YES		99211	see CPT description			\$26.14		\$26.14		\$26.14		
YES		99212	see CPT description			\$65.06		\$65.06		\$65.06		
YES		99213	see CPT description			\$104.57		\$104.57		\$104.57		
YES		99214 99215	see CPT description see CPT description			\$148.18 \$208.10		\$148.18 \$208.10		\$148.18 \$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- scriptive authority	Master's Level for Independent and for Supervised Non- Independent Licensure Types	Clinical Psychiatric Nurse Specialists and/or Nurse Practitioners	USE	COMMENT
RENDERING PROVIDER REQUIRED YES	REVENUE CODE	99221	see CPT description	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	\$98.68	PHD	\$98.68	Master's Level for Independent and for Supervised Non- Independent Licensure Types	and/or Nurse Practitioners \$98.68	USE	COMMENT
RENDERING PROVIDER REQUIRED VES VES VES	REVENUE CODE	99221 99222	see CPT description see CPT description	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	\$98.68 \$153.97	PHD	598.68 \$153.97	Master's Level for Independent and for Supervised Non- Independent Licensure Types	and/or Nurse Practitioners \$98.68 \$153.97	USE	COMMENT
RENDERING PROVIDER REQUIRED VES VES VES VES	REVENUE CODE	99221	see CPT description	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	\$98.68	PHD	\$98.68	Master's Level for Independent and for Supervised Non-Independent Licensure Types	and/or Nurse Practitioners \$98.68	USE	COMMENT
RENDERING PROVIDER REQUIRED YES YES YES YES YES	REVENUE CODE	99221 99222 99223 99231 99232	see CPT description	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	\$98.68 \$153.97 \$204.93 \$58.99 \$93.47	PHO	598.68 \$153.97 \$204.93 \$58.99 \$93.47	Master's Level for Independent and for Supervised Non-Independent Licensure Types	and/or Nurse Practitioners 598.68 \$153.97 \$204.93 \$58.89 \$93.47	USE	COMMENT
RENDERING PROVIDER REQUIRED VES VES VES VES VES VES VES V	REVENUE CODE	99221 99222 99223 99231 99232 99232	see CPT description	NEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	\$98.68 \$153.97 \$204.93 \$58.99 \$93.47 \$140.63	PHD	\$98.68 \$153.97 \$204.93 \$58.99 \$93.47 \$140.63	Master's Level for independent and for Supervised Non- Independent Licensure Types	98.68 \$15.3.97 \$204.93 \$58.99 \$93.47 \$140.63	USE	COMMENT
NENDERING PROVIDER REQUIRED TES TES TES TES TES TES TES T	REVENUE CODE	99221 99222 99223 99231 99232 99233 99234	use CPT description see CPT description	RE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	\$98.68 \$153.97 \$204.93 \$58.99 \$93.47 \$140.63 \$130.83	PHD	598.68 5153.97 5204.93 558.99 593.47 5140.63 5130.83	Master's Level for Independent and for Supervised Non-Independent Licensure Types	and/or Nurse Practitioners 598.68 5153.97 5204.93 588.99 593.47 5140.63 5130.83	USE	COMMENT
ACHOCRING PROVIDER REQUIRED 155 165 165 165 175 175 175 175 175 175 175 175 175 17	REVENUE CODE	99221 99222 99223 99231 99232 99232	see CPT description	RE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	\$98.68 \$153.97 \$204.93 \$58.99 \$93.47 \$140.63	PHD	\$98.68 \$153.97 \$204.93 \$58.99 \$93.47 \$140.63	Master's Level for independent and for Supervised Non-Independent Licensure Types	98.68 \$15.3.97 \$204.93 \$58.99 \$93.47 \$140.63	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVINUE CODE	99221 99222 99223 99231 99231 99233 99234 99235 99236	see CPT description	RE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	598.68 5153.97 5204.93 558.99 593.47 5140.63 5188.17 5246.70 594.84	PHO	\$98.68 \$153.97 \$204.93 \$58.99 \$99.47 \$140.83 \$100.83 \$180.17 \$266.70	Master's Level for independent and for Supervised Non-Independent Licensure Types	and/or Nurse Practitioners 598.68 5153.97 520.439 558.99 598.47 5180.63 5180.83 5180.83 5188.17 5246.70 594.84	USE	COMMENT
165 175 175 175 175 175 175 175 175 175 17	REVINUE CODE	99221 99222 99223 99231 99231 99233 99234 99235 99236 99236	use CPT description	RE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	\$98.68 \$133.97 \$304.93 \$58.99 \$98.47 \$140.63 \$130.83 \$138.817 \$246.70		598.68 5153.97 536.93 586.90 592.67 5360.63 5360.63 5360.63 5360.63 5366.70 596.84 5366.70	Non-Independent Licensure Types	and/or Nurse Practitioners 598.68 5313.97 5206.93 536.99 593.47 5140.63 5310.83 5310.83 5386.70 594.84 5314.76	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVENUE CODE	99221 99223 99223 99231 99231 99232 99233 99234 99235 99236 99236	see CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 5153.97 5204.93 558.99 593.47 5140.63 5188.17 5246.70 594.84	PHD PHD 5106.47 5106.47 5141.36	\$98.68 \$153.97 \$204.93 \$58.99 \$99.47 \$140.83 \$100.83 \$180.17 \$266.70	Master's Level for independent and for Supervised Non-Independent Licensure Types Storm 1	and/or Nurse Practitioners 598.68 5153.97 520.439 558.99 598.47 5180.63 5180.83 5180.83 5188.17 5246.70 594.84	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVINUE CODE	99221 99222 99223 99231 99231 99232 99234 99234 99236 99236 99226 99240 99242 99242	sec CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 518.327 520.437 508.99 598.47 5140.03 5130.03 5130.03 5130.03 5130.03 5130.07 594.64 513.67 510.67	\$106.47 \$101.05 \$141.98 \$301.05	598.68 515.37 520.63 538.59 598.47 5380.53 5180.73 5380.75 5386.70 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67	Non- Independent Licensure Types 5106.47 5141.98 5201.05	and/or Nurse Practitioners 598.68 5133.87 5206.83 558.99 598.47 5140.63 5180.7 5246.70 524.84 5310.7 524.87 5310.7 5310.7	USE	COMMENT
155 155 155 155 155 155 155 155 155 155	REVINUE CODE	99221 99222 99223 99231 99231 99233 99234 99236 99236 99236 99240 99244 99245 99244	sec CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 513.37 520.93 581.99 591.47 514.083 513.035 513.075 544.70 554.67 554.67 554.67 556.67 550.67 550.67 550.67	\$106.47 \$141.98 \$301.05 \$300.42	598.68 513.97 520.63 538.99 598.97 558.62 538.62 538.62 538.67 538.67 538.67 538.67 538.67 538.67 538.67 538.67 538.67 538.67 538.67 538.67 538.67 538.67 538.67 538.67	Non- Independent Licensure Types 5106.47 5101.47 5101.50 5201.05 5201.05	and/or hurse Practitioners 598.08 510.87 530.043 551.07 550.043 551.07	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVENUE CODE	99221 99222 99223 99231 99231 99232 99234 99234 99236 99236 99226 99240 99242 99242	sec CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 518.327 520.437 508.99 598.47 5140.03 5130.03 5130.03 5130.03 5130.03 5130.07 594.64 513.67 510.67	\$106.47 \$141.98 \$301.05 \$300.42 \$85.28	598.68 515.37 520.63 538.59 598.47 5380.53 5180.73 5380.75 5386.70 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67 548.67	Non-Independent Licensure Types Non-Independent Licensure Types \$105.47 \$105.47 \$141.98 \$201.05 \$200.22 \$55.28	and/or Nurse Practitioners 598.68 5133.87 5206.83 558.99 598.47 5140.63 5180.7 5246.70 524.84 5310.7 524.87 5310.7 5310.7	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVINUE CODE	99221 99222 99223 99231 99231 99233 99234 99238 99238 99242 99244 99249 99249 99249 99249 99249	sec CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 518.327 529.437 528.439 598.47 5140.63 5140.63 5140.63 5188.17 524.40 594.44 514.19 514.19 514.10 530.67 530.67	\$106.47 \$141.88 \$201.05 \$30.42 \$83.8 \$116.63 \$157.70	\$586.68 \$133.97 \$508.93 \$914.47 \$340.93 \$1300.93 \$1300.93 \$1300.93 \$348.94 \$348.94 \$348.94 \$348.94 \$348.94 \$349.94 \$34	Non- Independent Licensure Types 5106.47 5101.47 5101.50 5201.05 5201.05	and/or Nurse Practitioners 598.08 513337 5200433 558.09 598.47 5100.63 5100.63 5100.71 584.04 5310.77 584.05 5310.77 545.07 545.07 545.07 545.07 545.07 545.07 545.07 545.07 545.07 545.07 545.07	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVINUE CODE	99221 99222 99223 99231 99231 99224 99224 99224 99224 99224 99224 99226 99226 99226 9924 9924 9924 9924 9924 9925 9926 9926 9926 9926 9927	see CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 533.37 520.433 530.59 593.47 5340.83 5310.83 5310.81 5340.70 5340.70 5340.70 5340.70 5340.70 5340.70 5340.70 5340.67 5340.62 5350.62 5350.62 5350.62 5350.62 5350.63 5357.70 5351.30 5351.30	\$106.47 \$341.98 \$201.05 \$200.42 \$83.28 \$116.63	598.68 5513.97 5204.93 531.97 531.07 531.02 531.02 531.03	Non-Independent Licensure Types 5106.47 5141.9E 5200.65 5200.62 531.6.3 531.6.3	and/or Nurse Practitioners 598.68 513337 520493 538.99 598.47 5380.63 5380.83 5380.87	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVENUE CODE	99221 99222 99223 99231 99233 99233 99233 99238 99238 99242 99244 99244 99244 99245 99245 99245 9925 9925 9925 9925 9925 9925 9925 9925 9925 9925 9925 9925 9925 9925 9926 9926 9926 9927 9927 9928 99	sec CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 5153.37 530.49 530.49 550.59 593.47 5310.08 5310.08 5310.08 5310.08 5310.08 5310.08 5310.07 594.84 5313.17 594.84 5310.67 594.84 5310.67 5310.67 5310.70 5310.70 5310.70 5311.70 5311.70	\$106.47 \$141.88 \$201.05 \$30.42 \$83.8 \$116.63 \$157.70	\$508.68 \$131.327 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$508.93 \$509.	Non-Independent Licensure Types 5106-47 5106-47 5106-55 5206-65 5206-65 5306-70 5116-63 516-70	and/or Nurse Practitioners 598.68 5913.97 5308.93 530.93 530.93 530.93 530.93 530.93 5318.17 534.85 534.75	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVINUE CODE	99221 99222 99223 99231 99231 99224 99224 99224 99224 99224 99224 99226 99226 99226 9924 9924 9924 9924 9924 9925 9926 9926 9926 9926 9927	see CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 533.37 520.433 530.59 593.47 5340.83 5310.83 5310.81 5340.70 5340.70 5340.70 5340.70 5340.70 5340.70 5340.70 5340.67 5340.62 5310.63 5310.63 5310.63	\$106.47 \$141.88 \$201.05 \$30.42 \$83.8 \$116.63 \$157.70	598.68 5513.97 5204.93 531.97 531.07 531.02 531.02 531.03	Non-Independent Licensure Types 5106-47 5106-47 5106-55 5206-65 5206-65 5306-70 5116-63 516-70	and/or Nurse Practitioners 598.68 513337 520493 538.99 598.47 5380.63 5380.83 5380.87	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVENUE CODE	99221 99222 99223 99231 99231 99232 99224 99224 99224 99234 99236 9924 9924 9924 9924 9924 9924 9925 9925 9925 9925 9925 9925 9925 9925 9925 9926 9926 9925 9926 9927 9926 9927 9928 9929 9	sec CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 513.37 520.433 551.99 593.47 5140.83 5110.83 5146.70 5246.70	\$106.47 \$141.88 \$201.05 \$30.42 \$83.8 \$116.63 \$157.70	598.68 5513.97 5204.93 531.97 530.63 531.02 531.02 531.02 531.02 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03 531.03	Non-Independent Licensure Types 5106-47 5106-47 5106-55 5206-65 5206-65 5306-70 5116-63 516-70	and/or Nurse Practitioners 598.68 5133.97 5204.93 538.97 538.02 538.03 538.03 538.07 538.07 538.07 538.07 538.07 548.03 518.17 538.07 548.03 518.27 548.03 518.27 548.03 518.27 548.03	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVENUE CODE	99221 99222 99222 99223 99231 99231 99234 99236 99238 99242 99244 99244 99244 99244 99245 9925 992	iss CPT description see CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 513.337 530.531 530.537 558.59 593.47 534.603 5310.88 5310.87 5348.70 594.84 5313.76 530.67 530.67 530.67 530.67 530.67 530.67 530.67 546.70 555.70 546.70	\$106.47 \$141.88 \$201.05 \$30.42 \$83.8 \$116.63 \$157.70	598.68 513.97 533.63 533.99 558.47 533.03 53	Non-Independent Licensure Types 5106-47 5106-47 5106-55 5206-65 5206-65 5306-70 5116-63 516-70	and/or Nurse Practitioners 598.68 598.68 533.897 5306.93 558.99 598.47 5340.93 5340.93 5340.93 5340.70 598.83 5340.70 598.83 5340.70 598.83 5340.70 598.83 5340.70 598.83 5340.70 598.83 5340.70 598.83 5340.70 598.83 5340.70 5340.64 5316.64 5316.64 5316.67	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVINUE CODE	99221 99222 99223 99231 99231 99232 99232 99232 99234 99234 99234 99234 99234 9924 9924 9924 9924 9924 9924 9925 9926	sec CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 533.37 520.53 530.53 531.05 540.03	\$106.47 \$141.88 \$201.05 \$30.42 \$83.8 \$116.63 \$157.70	598.68 51337 520433 53137 520433 531899 531.47 510083 511038 511038 511047 5246.70 524	Non-Independent Licensure Types 5106-47 5106-47 5106-55 5206-65 5206-65 5306-70 5116-63 516-70	ond/or Nurse Practitioners 598.68 5133.87 5206.83 538.95 538.97 538.03 538.03 538.03 538.07	USE	COMMENT
195 195 195 195 195 195 195 195 195 195	REVENUE CODE	99221 99222 99222 99223 99231 99231 99234 99236 99238 99242 99244 99244 99244 99244 99245 9925 992	sec CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 513.337 530.531 530.532 558.59 593.47 534.605 5130.82 5130.82 5130.87 5348.70 554.64 5313.76 550.647 530.67	5106.47 5141.38 5301.05 2304.22 583.28 516.63 516.70	598.68 513.97 533.63 533.63 534.63 554.67 559.67 559.67 559.67 559.67 559.67 559.67 559.67 559.67 559.67 559.67 559.67 559.67 551.67 551.67 551.67 551.67 551.67 551.67 551.67 551.67 551.67 551.67 551.67 551.67 551.67 551.67	Non-Independent Licensure Types 5106-47 5106-47 5106-55 5206-65 5206-65 5306-70 5116-63 516-70	and/or Nurse Practitioners 598.68 538.897 5306.93 558.999 558.47 5380.93	USE	COMMENT
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195 195 195 195 195 195 195 195 195 195	REVENUE CODE	99221 99222 99223 99231 99231 99232 99232 99233 99234 99238 99228 99250 99	sec CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 531.327 5204.93 551.99 593.47 510.03 5110.03 5318.27 5346.70 5346.71 5346.72 5346.72 5347.76	\$100.47 \$141.98 \$541.98 \$550.05 \$550.07 \$550.07 \$510.47 \$511.65 \$510.77 \$731.30 Refer to CPT Fee Schedule	598.68 5313.37 5204.93 531.37 5304.93 591.47 5106.03 531.03 531.00 531.0	Non-Independent Licensure Types 5106-47 5310-47 5341-58 5310-50 5310-50 5310-50 5310-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 Fee Schedule Refer to CPT Fee Schedule Refer to CPT Fee Schedule Refer to CPT Fee Schedule	and/or Nurse Practitioners 598.88 511337 520-633 558.99 598.47 5100.63 5100.63 5100.63 5140.63 5140.63 5140.64 520.05 520	USE	COMMENT
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195 195 195 195 195 195 195 195 195 195	REVENUE CODE	99221 99222 99223 99223 99231 99232 99233 99234 99238 99238 99238 99238 99244 99244 99246 99247 99240 99	see CPT description	RE SCHEDULE AMOUNT	MODIFIES IF APPLICABLE	598.68 513.37 520.43 551.99 591.47 514.08 513.81 513.81 514.81 514.87 544.76 544.47	\$106.47 \$514.38 \$520.55 \$750.42 \$52.28 \$516.53 \$516.770 \$233.20 Refer to CPT Fee Schedule Refer to CPT Fee Schedule Refer to CPT Fee Schedule	598.68 5313.37 5204.93 531.37 5304.93 591.47 5106.03 531.03 531.00 531.0	Non-Independent Licensure Types 5106-47 5310-47 5341-58 5310-50 5310-50 5310-50 5310-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 5311-70 Fee Schedule Refer to CPT Fee Schedule Refer to CPT Fee Schedule Refer to CPT Fee Schedule	and/or Nurse Practitioners 598.88 511337 520-633 558.99 598.47 5100.63 5100.63 5100.63 5140.63 5140.63 5140.64 520.05 520	USE	COMMENT
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Assertive Community Treatment (ACT)	
	The FCHC must have a letter from HSO/BHSD or HSD/MAD approving them for ACT.
Behavior Management Skills Development	BMS)
	The FQHC must be certified by CMF0 to provide 8MS services.
Comprehensive Community Support Service	s (CCS)
Day Treatment (DT)	
	The FOHC must be certified by CYFO for Day Treatment.
Intensive Outpatient Program (IOP)	
	The FOHC must have applied and have been approved as an IOP provider.
Multi-Systemic Therapy (MST)	
	The FCHC 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 s	ervices are met, including necessary i/censing whem required as a CMHC or a designation as a CSA, an FGHC can be authorised to provide these services under its FGHC provider type. Many FGHCs begap providing come of these services as other non-FGHC providers discontinued that or operations in New Mexico.
These specialized behavior health services at an FQHC encounter, using revenue code 091	of different than the hybrid behavioral health evaluations, therapies, and group therapies rendered by an individual provider or professional group. (Note that for "ros-opecialized services" such as the hybrid evaluation and therapy, which is not one of the specialized behavioral health services listed above, CPHCI bill using the UII format as a long and past the TOP of the consumer rate.)
The specialized behavioral health services ar determine the utilization of services and man	head is deminded using the LORS 1000 formul and corresponding 837-9 electronic transactions. Therefore, the FQHC must bill for the specialized BH services to MODs using the CMS 1500 formul and only when they are approved to provide specific operations behavioral health services. Using the CMS 1500 formul permits the MCO to agree the qualification of the properties. The provided is a provided to provide the provider.
The FQHC is entitled to, at a minimum, the fe	of or-service CPLH concounter rate. However, the MCO and the FQHC may negotiate a different rate for each Specialized BH Service. For example, the FQHC rate for IDP does not need to be the same as for Day Treatment.
Not applicable to Rural Health Clinics (RHCs) schedule rates apply.	and Hospital Based Rural Health Clinics (His-BHC). When a BHC or He-BHC qualifies to render any of the Specialized Behavioral Health Services and enroil 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, excipated at their executers rates. Faither, the negotiated MCD fee schedule or Medical FTS
It is important that the MCO edit the claims	cessure 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 dry.
	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.