

PROPOSED CHANGES TO THE FEE SCHEDULE FOR BEHAVIORAL HEALTH PROVIDERS

FOR PUBLIC COMMENT

Proposed to be effective October 1, 2019 or as otherwise stated below

Comments may be made through December 1, 2019. For any changes made based on comments, claims will be adjusted retroactively as appropriate

Notes on interpreting the fee schedule:

- The rendering provider requirements, the units, and the max units are described on the fee schedule, and are stated as MAD and BHSD currently considers them. Note that the units are NOT intended to be absolute limits on the service provided to a recipient. However, it is anticipated that the billed units will typically be within the max units described. Therefore, claims are compared to those max units in order to detect potential billing errors.
 - This fee schedule does not include rates for Applied Behavior Analysis for autism; they are on a separate fee schedule.
 - Nothing on the fee schedule is to be interpreted as an exemption from any board license requirements or supervisory requirements. Providers who are not licensed for independent practice are included in the column labeled "Master's Level for Independent and for Supervised Non-Independent Licensure Types" and only when working for the agencies indicated under the "USE" column.
 - FQHC's, Indian Health Service, PL 638 Tribal Healthcare Providers, other state agencies, other governmental units, hospital outpatient facilities, licensed crisis triage centers, opioid treatment programs, and crisis services community providers may also be authorized to perform some services that under "USE" are stated to be used by CSAs, CMHCs, CLNM HHs, and BHAs.
 - Key: BHA = Behavioral Health Agency; CLNM HH = Care Link New Mexico Health Home; CMHC = Community Mental Health Center; CSA = Core Service Agency.
 - This fee schedule is for services provided to Medicaid fee-for-service recipients. Managed care provider rates are determined between the provider and the MCO and may differ from the fee-for-service fee schedule. These rates also are not applicable to claims paid by the HSD Behavioral Health Services Division.
- NOTE THAT THIS FEE SCHEDULE IS NOT INTENDED TO CONTAIN EVERY CODE THAT A BH PROVIDER COULD POTENTIALLY BILL.** For lab codes, radiology codes, and injection codes, it is important to refer to the general provider fee schedule on the HSD website at: <https://www.hsd.state.nm.us/providers/fee-schedules.aspx> Scroll to the bottom of the page, click on "agree"; then click on "submit". Also, hospitals are to follow UB manual instructions, codes, and directions from HSD/MAD.

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
Residential Treatment Centers for Youth												
Report Referring or Ordering Provider in the Attending Provider Field	0190		RTC for youth Daily rate, not including discharge date Units = number of days	\$243.00 - No Proposed Change							Approved RTC provider	Level of Care determination and prior authorization required. LOC = TR1
Report Referring or Ordering Provider in the Attending Provider Field	1001		ARTC - PSYCHIATRIC for youth Daily rate, not including discharge date Units = number of days	\$350.00 - No Proposed Change							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 - No Proposed Change							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 days	\$150.00 - No Proposed Change							Group Homes	Level of Care determination and prior authorization required. LOC = TR2
Residential Treatment Centers for Adults (Substance Use Disorders)												
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0019	Tier 3 - ASAM levels 3.7 and 3.7WM placement criteria for medically monitored short term residential addiction program.	Determined for each provider based on cost data							Adult ARTC	Effective 11/1/19
Report Referring or Ordering Provider in the Attending Provider Field	1003	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	H0017	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							FQHC's bill their evaluation and therapy codes on the UB format. Specialized BH services, which are those other than evaluation and therapy codes, are billed on the CMS 1500 but are paid at the FQHC encounter rate. If billing more than one special service on the same day, use the XE, XP, or XU modifiers.	

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INSTITUTIONS FOR MENTAL DISEASE (IMDs)												
Report Referring or Ordering Provider in the Attending Provider Field	0116 for private room 0126 for semi private room		Institute for Mental Disease (IMD) For inpatient for SUD for patient aged 22 through 64	% of billed charges then cost settled for FFS As negotiated for MCOs							Free standing psych hospitals, billing on the UB format using inpatient types of bill.	Level of Care determination based on ASAM patient placement criteria and prior authorization required.
Report Referring or Ordering Provider in the Attending Provider Field	0114 for private room 0124 for semi private room		Institute for Mental Disease (IMD) Inpatient for mental disease or SUD for patient under age 21 or over 65	% of billed charges then cost settled for FFS As negotiated for MCOs							Free standing psych hospitals, billing on the UB format using inpatient types of bill.	Level of Care determination based on ASAM patient placement criteria and prior authorization required.
Withdrawal Management (WM) (detoxification) codes - To be added to all IP, IMD, ARTC, CTC, or OP service environments in which WM is provided. No reimbursement is made; this is for tracking purposes only.												
NO	When billing the UB/8371 format, use rev code 0229	H0014	Ambulatory detoxification (ASAM levels 1 and 2)									
NO	When billing the UB/8371 format, use rev code 0229	H0010	Sub-acute detoxification (ASAM levels 3.2 WM) in residential or crisis triage center									
NO	When billing the UB/8371 format, use rev code 0229	H0011	Acute detoxification (ASAM level 3.7 WM) in a residential treatment center or crisis triage center									
NO	When billing the UB/8371 format, use rev code 0229	H0008	Sub-acute detoxification (ASAM level 3.7 WM) in a hospital									
NO	When billing the UB/8371 format, use rev code 0229	H0009	Acute detoxification (ASAM level 4 WM) in a hospital.									
CRISIS TRIAGE CENTERS (Licensed) (CTC)												
Report Referring or Ordering Provider in the Attending Provider Field	0169		Crisis Triage Center (CTC) Residential/non-residential	Based on cost analysis							For use by DOH licensed CTCs.	Bill this code for residential stays, and bill 0513 for OP only stays. If recipient comes in for outpatient, but it is decided they need to move into residential, bill the 0169 for the 24 hours for residential.
Report Referring or Ordering Provider in the Attending Provider Field	0513		Crisis Triage Center (CTC) Non-residential	Based on cost analysis							For use by DOH licensed CTCs.	Bill this code for a non-residential CTC
Bill these revenue codes on the same claim for residential and non-residential CTC services.												
NO	0905		Intensive Outpatient (IOP) - psychiatric	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0906		Intensive OP Chemical Dependency	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0914		Individual Therapy	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0915		Group Therapy	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0916		Family Therapy	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0944		Drug Rehab	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0945		Alcohol Rehab	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0961		Psychiatric	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0984		Medical Social Svcs	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis

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PARTIAL HOSPITALIZATION												
Report Referring or Ordering Provider in the Attending Provider Field	0912	S0201	Partial Hospitalization	\$647.50 per day, during which a minimum of 4 hours of services must have been provided during the day.							This is the code which a hospital uses to bill for partial hospitalization. It is inclusive of all services provided except for: 1. Lab services which may be billed additionally. 2. Professional health care providers and practitioners who come from outside the hospital to provide services may bill for rendering services during the session using the CMS 1500/837P format and the BH codes as indicated below. 3. Physician, psychiatrist, psychologist, CNP, CNS, and independently licensed BH practitioners who provide services during the session may bill using the CMS 1500/837P format and the BH codes as indicated below. 4. Occupational therapy, which may be provided from either the hospital staff or staff outside the hospital.	Billing for the hospital and hospital lab services is on the UB format/837I outpatient hospital claim, type of bill 131. Bill on a UB: revenue code 0912 with HCPCS code S0201. The unit will be 1 fee for the day, regardless of hours in the program. There will be no fractions of the units.
PARTIAL HOSPITALIZATION - PROFESSIONAL SERVICES WHEN PROVIDED BY THE INSTITUTION'S PROFESSIONAL COMPONENT OR PROVIDERS WHO ARE NOT ON THE HOSPITAL STAFF												
YES		97530	OCCUPATIONAL SERVICES -THERAPEUTIC	\$35.09 per 15 min 6 unit max								Bill on a CMS 1500/837P format
YES		G0410	GROUP PSYCHOTHERAPY 45-50 MINUTES	\$37.68								Bill on a CMS 1500/837P format
YES		G0411	INTERACTIVE GROUP PSYCHOTHERAPY	\$42.21								Bill on a CMS 1500/837P format
YES		90832-90838	INDIVIDUAL PSYCHOTHERAPY	see individual rates below								Bill on a CMS 1500/837P format
Report Referring or Ordering Provider in the Attending Provider Field	Use rev code specific to lab service	Use procedure code specific to lab service	Laboratory	Priced according to outpatient hospital rules								Billing for the hospital and hospital lab services is on the UB format/837I outpatient hospital claim type of bill 131
TREATMENT FOSTER CARE												
NO		S5145	TREATMENT FOSTER CARE THERAPEUTIC Level I Unit = 1 day Max Units = 31	\$253.64							Prior authorization is required.	
NO		S5145	TREATMENT FOSTER CARE THERAPEUTIC Level II Unit = 1 day Max Units = 31	\$188.41	U1 (level II)						Prior authorization, including specifically for the modifier, is required.	
OPIOID TREATMENT PROGRAM (OTP) BY AN OPIOID TREATMENT PROVIDER CENTER												
YES		H0001	OPIOID TREATMENT EXAM - INITIAL MEDICAL EXAM Unit = 1 Service Max units = 1	\$65.42							OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	
NO		H0020	METHADONE CLINIC SERVICES Unit = per day Max units = 1	\$17.22							OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	

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These new codes for counseling are allowed for Opioid Treatment Centers in addition to the existing codes for dispensing methadone and other services currently reimbursed to Opioid Treatment Centers. These codes will allow federally required counseling services to be reimbursed separately and additionally to other Opioid Treatment Center services.												
YES		H0025	Opioid Treatment Program - BH prevention/education service with target population to affect knowledge, attitude, and/or behavior Individual session Unit = 1	\$51.86 per 30 min unit							OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	1 hour of counseling per month is mandated to be rendered by an OTP when the patient is a participant at that center; can be either individual or group
YES		H0025	Group for OTP BH prevention/education service with target population to affect knowledge, attitude, and/or behavior Group session Unit = 1	\$41.44 per 30 min unit	HQ						OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	1 hour of counseling per month is mandated to be rendered by an OTP when the patient is a participant at that center; can be either individual or group
OTHER SPECIALIZED OUTPATIENT SERVICES												
NO		H0015	INTENSIVE OUTPATIENT (IOP) Unit = 1 hour Max units = 4	\$64.43							Approved IOP providers	The rate is the same for a recipient in a group or for individual IOP.
NO		H0039	ASSERTIVE COMMUNITY TREATMENT (ACT) FACE-TO-FACE Unit = 15 min Max units = 40	\$64.86	required: U1-face to face U2-collateral encounter U3-assertive outreach U4-group						Approved ACT providers	
NO		H2012	BEHAVIORAL HEALTH DAY TREATMENT Unit = 1 hour Max units = 8	\$22.67								Day Treatment certification by CYFD
NO		H2014	BEHAVIOR MANAGEMENT Skills (BMS) Training Unit = 15 min Max units = 24	\$11.34								Certification by CYFD
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$19.66	HM (less than a bachelors or a peer specialist)						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	\$23.58	HM (less than a bachelors or peer specialist) and CG (policy criteria - in community)						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	\$23.68	HN (bachelors)						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	\$28.42	HN (bachelors) and CG (policy criteria - in community)						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	\$27.02	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	\$32.42	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	\$7.43	With or without HQ (group setting)						PSR for adult recipient meeting SMI criteria	
NO		H2033	MULTISYSTEMIC THERAPY (MST) Unit = 15 min Max Units = 32 modifier required	\$48.56	HO (masters)						MST licensed	
NO		H2033	MULTISYSTEMIC THERAPY (MST) Unit = 15 min Max Units = 32 modifier required	\$45.32	HN (bachelors)						MST licensed	

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EVALUATION AND THERAPY												
SBIRT (SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT)												
YES		H0049	SBIRT: Alcohol and/or Drug Screening utilizing State developed tool Unit = 1	\$34.96 per service								
YES		H0050	SBIRT: Brief Intervention Unit = 1	\$69.93 per 15 minute unit								
YES		G0444	OTHER BEHAVIORAL HEALTH SCREENING	\$16.36 No Proposed Change								
YES		G0443	OTHER BRIEF INTERVENTION	\$23.58 Unit = 15 min								
Diagnosis codes to be used with screening, brief intervention, and group therapy only.												
		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 intervention	
		Z71.4	Brief intervention – alcohol abuse counseling and surveillance								Provisional dx codes for screening and brief intervention	
		Z71.5	Brief intervention - drug abuse counseling and surveillance								Provisional dx codes for screening and brief intervention	
		Z71.9	Brief intervention – counseling, non-specified								Provisional dx codes for screening and brief intervention	
		Z71.4	Brief intervention – alcohol abuse counseling and surveillance								Provisional diagnosis for clients AFTER screening & brief intervention needing ONLY group therapy. To be used after SBIRT or other screening services and Treat First with group therapy codes 90853 and 90849	
		Z71.5	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												
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	\$259.00 - bill 1 unit for a session of 30 to 89 minutes Only 1 lead can bill for same patient for the same time period	U1							

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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	\$518.00 - bill 2 units for a session of 90 minutes or more Only 1 lead can bill for same patient for the same time		U1						
YES		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD And the participating agency has only one individual attending	\$90.65 - bill 1 unit for a session of 30 to 89 minutes 2 different non-lead agencies can bill for the same patient for the same session as the lead agency		U2						
YES		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD And the participating agency has only one individual attending	\$181.30 - bill 2 units for a session of 90 minutes or more 2 different non-lead agencies can bill for the same patient for the same session as the lead agency		U2						
YES (any 1 of the 2 or more individuals may be reported)		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD But the participating agency has two or more individuals attending	\$181.30 - bill 1 unit for a 30 to 89 minute session 2 different non-lead agencies can bill for the same patient for the same session as the lead agency		U3						
YES (any 1 of the 2 or more individuals may be reported)		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD But the participating agency has two or more individuals attending	\$362.60 - bill 2 units for a session of 90 minutes or more 2 different non-lead agencies		U3						
YES		S0220	Lead agency, leading an interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes) lead agency - any BH diagnosis	\$168.35 - bill 1 unit for a session of 30 to 59 minutes Only 1 lead can bill for same patient for the same time period		U1						
YES		S0220	Participating practitioner attending interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes) Participating agency (non-lead) - any BH diagnosis	\$90.65 - bill 1 unit for a 30 to 59 minute session Only 1 participating (non-lead) agency can bill for same patient for the same time period for the same session as the lead agency		U2						
YES		S0221	Lead agency, leading an interdisciplinary team to coordinate activities of patient care with patient present (approximately 60 minutes) lead agency - any BH diagnosis	\$303.03 - bill 1 unit for a session of 60 minutes or more Only 1 lead can bill for same patient for the same time period		U1						
YES		G0176	ACTIVITY THERAPY SUCH AS MUSIC, DANCE, ART OR PLAY (NOT FOR RECREATION) 45 min or more Unit = 1 service Max Units = 1			\$136.89	\$110.42	\$110.42	\$98.82	\$98.82		

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NO		H2011	CRISIS INTERVENTION SVC - telephone Unit =15 min	\$21.93	U1 (telephone)							
NO		H2011	CRISIS INTERVENTION SVC - in a clinic setting face to face Unit = 15 min Max Units = 40	\$32.69	U2 (face to face)							
NO		H2011	CRISIS INTERVENTION SVC - 2 individuals mobile Unit = 15 min Max Units = 40 The rate assumes 2 practitioners are responding, but the provider still just bills 1 unit for each 15 minutes. The provider does not double the units to account for the two practitioners.	\$65.39	U3 (mobile)							
NO		H2011	CRISIS INTERVENTION SVC - stabilization Unit = 15 min Max Units = 40	\$32.69	U4 (stabilization)							
NO		Q3014	Telehealth Facility Fee Unit = 1 event	\$24.83 - No Proposed Change							Originating site providers	
NO		T1001	NURSING ASSESSMENT EVALUATION for Behavioral Health Assessment which may be prolonged in crisis situations. Unit = 1 per event However, if the service is prolonged (more than 30 minutes) 1 Unit may be billed for every 30 minutes of time, with a maximum number of 16 units.	\$56.46								
NO		T1007	TREATMENT OR SERVICE PLAN UPDATE DEVELOPMENT Unit = 1 service Max Units = 1	\$143.47							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	\$2.82 - No Proposed Change								Replaces code 36591.
Some of the codes below allow use of the modifiers UH and TV. UH - after hours. TV (holidays and weekends) - the weekend modifier may be billed for services rendered on a weekend, regardless of the provider's business hours. Holidays are considered to be official State holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day on the actual day on which the holiday falls. Services provided on those days may be billed with the TV modifier when indicated below.												
YES		90785	ADD ON CODE, in addition to primary procedure per session see CPT description Unit = 1 service Max Units = 1			\$4.53	\$4.53	\$4.53	\$4.53	\$4.53		
YES		90785	ADD ON CODE see CPT description Unit = 1 service Max Units = 1		TV or UH	\$5.43	\$5.43	\$5.43	\$5.43	\$5.43	psychiatrist, psychologist, CNP with psych specialty, psychiatric CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, FQHC, IHS/638, hospital OP, or in a BHA or OTP with a supervisory protocol certificate	

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YES		90791	EVALUATION see CPT description Unit = 1 service Max Units = 1			\$125.05	\$125.05	\$125.05	\$125.05	\$125.05	psychiatrist, psychologist, CNP with psych specialty, psychiatric CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, FQHC, IHS/638, hospital OP, or in a BHA or OTP with a supervisory protocol certificate	
YES		90791	EVALUATION see CPT description Unit = 1 service Max Units = 1		TV or UH	\$150.07	\$150.07	\$150.07	\$150.07	\$150.07	psychiatrist, psychologist, CNP with psych specialty, psychiatric CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, FQHC, IHS/638, hospital OP, or in a BHA or OTP with a supervisory protocol certificate	
YES		90792	THERAPY see CPT description Unit = 1 service Max Units = 1			\$154.38		\$140.56		\$140.56		
YES		90792	THERAPY see CPT description Unit = 1 service Max Units = 1		TV or UH	\$185.26		\$168.67		\$168.67		
YES		90832	THERAPY see CPT description Unit = 30 min Max Units = 2 One session is billed as 1 unit			\$66.84	\$61.12	\$61.12	\$61.12	\$61.12		
YES		90832	THERAPY see CPT description Unit = 30 min Max Units = 2		TV or UH	\$80.21	\$73.34	\$73.34	\$73.34	\$73.34		
YES		90833	PSYCHOTHERAPY WITH MED EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 30 min Max Units = 2			\$63.43		\$63.43		\$63.43		
YES		90833	PSYCHOTHERAPY WITH MED EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 30 min Max Units = 2		TV or UH	\$76.11		\$76.11		\$76.11		
YES		90834	THERAPY see CPT description Unit = 45 min Max Units = 2 One session is billed as 1 unit			\$105.71	\$85.27	\$85.27	\$81.44	\$81.44		
YES		90834	THERAPY see CPT description Unit = 45 min Max Units = 2 One session is billed as 1 unit		TV or UH	\$126.85	\$102.32	\$102.32	\$97.72	\$97.72		
YES		90836	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2			\$80.10		\$80.10		\$80.10		

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YES		90836	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2		TV or UH	\$96.12		\$96.12		\$96.12		
YES		90837	THERAPY see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit			\$141.95	\$122.36	\$122.36	\$122.36	\$122.36		
YES		90837	THERAPY see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit		TV or UH	\$170.34	\$146.83	\$146.83	\$146.83	\$146.83		
YES		90838	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1			\$105.85		\$105.85		\$105.85		
YES		90838	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1		TV or UH	\$127.02		\$127.02		\$127.02		
YES		90839	PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units = 1			\$127.47	\$127.47	\$127.47	\$127.47	\$127.47		
YES		90839	PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units = 1		TV or UH	\$152.96	\$152.96	\$152.96	\$152.96	\$152.96		
YES		90840	PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service Max Units = 1			\$61.12	\$61.12	\$61.12	\$61.12	\$61.12		
YES		90840	PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service Max Units = 1		TV or UH	\$73.34	\$73.34	\$73.34	\$73.34	\$73.34		
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description			\$98.51	\$98.51	\$98.51	\$98.51	\$98.51		
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description		TV or UH	\$118.21	\$118.21	\$118.21	\$118.21	\$118.21		
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description		HK - functional family therapy conducted in the home	\$98.51	\$98.51	\$98.51	\$98.51	\$98.51		
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description			\$118.25	\$102.35	\$102.35	\$102.35	\$102.35		
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description		TV or UH	\$141.90	\$122.82	\$122.82	\$122.82	\$122.82		
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description		HK - functional family therapy conducted in the home	\$118.25	\$102.35	\$102.35	\$102.35	\$102.35		
YES		90849	GROUP THERAPY see CPT description			\$36.67	\$36.67	\$36.67	\$36.67	\$36.67		
YES		90849	GROUP THERAPY see CPT description		TV or UH	\$44.01	\$44.01	\$44.01	\$44.01	\$44.01		
YES		90853	GROUP THERAPY see CPT description	No Proposed Change		\$33.78	\$28.15	\$28.15	\$28.15	\$28.15		

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
YES		90853	GROUP THERAPY see CPT description	No Proposed Change	TV or UH	\$40.53	\$33.78	\$33.78	\$33.78	\$33.78		
YES		90863	PHARMACOLOGICAL MANAGEMENT see CPT description This code is an "add on" code to be billed in addition to the primary procedure.			\$38.85		\$38.85		\$38.85		
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	\$46.62		\$46.62		\$46.62		
YES		90885	see CPT description	\$66.59								
YES		90889	see CPT description			\$55.42	\$55.45	\$55.45	\$46.07	\$46.07		
YES		96110	see CPT description			\$15.60	\$15.60	\$15.60				
PSYCHOLOGICAL TESTING												
YES		96116	NEUROBEHAVIORAL STATS EXAM see CPT description			\$78.37	\$78.37	\$78.37			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.	
YES		96121	NEUROBEHAVIORAL STATS EXAM see CPT description	No Proposed Change		\$77.84	\$77.84	\$77.84			Each additional hour after 96116	
YES		96130	PSYCHOLOGICAL TESTING first hour see CPT description	No Proposed Change		\$110.92	\$110.92	\$110.92			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Replaces 96101, 96102
YES		96131	PSYCHOLOGICAL TESTING see CPT description			\$84.33	\$84.33	\$84.33			Each additional hour after 96130	

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Clinical Psychiatric Nurse Specialists and/or Nurse Practitioners	USE	COMMENT
YES		96132	NEUROPSYCHOLOGICAL TESTING see CPT description	No Proposed Change		\$123.60	\$123.60	\$123.60			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
YES		96133	NEUROPSYCHOLOGICAL TESTING see CPT description	No Proposed Change		\$94.32	\$94.32	\$94.32			Each additional hour after 96132	
YES		96136	TEST ADMINISTRATION AND SCORING I see CPT description	No Proposed Change		\$43.30	\$43.30	\$43.30			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	
YES		96137	TEST ADMINISTRATION AND SCORING I see CPT description	No Proposed Change		\$39.83	\$39.83	\$39.83			Each additional 30 minutes after 96136	
YES		96138	TEST ADMINISTRATION AND SCORING I see CPT description	No Proposed Change		\$33.80	\$33.80	\$33.80			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	No Proposed Change		\$33.80	\$33.80	\$33.80			Each additional 30 minutes after 96137	
YES		96146	PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING BY COMPUTER see CPT description	No Proposed Change		\$1.98	\$1.98	\$1.98			Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated results only. Replaced both 96103 and 96120	
YES		96150	see CPT description	No Proposed Change		\$20.91	\$20.91	\$20.91				
YES		96151	see CPT description	No Proposed Change		\$20.66	\$20.66	\$20.66				
YES		96160	see CPT description	4.29 No Proposed Change								
YES		99201	see CPT description	No Proposed Change		\$31.30		\$31.30		\$31.30		
YES		99202	see CPT description	No Proposed Change		\$62.55		\$62.55		\$62.55		
YES		99203	see CPT description	No Proposed Change		\$93.52		\$93.52		\$93.52		
YES		99204	see CPT description	No Proposed Change		\$132.70		\$132.70		\$132.70		
YES		99205	see CPT description	No Proposed Change		\$169.19		\$169.19		\$169.19		
YES		99211	see CPT description	No Proposed Change		\$20.25		\$20.25		\$20.25		
YES		99212	see CPT description	No Proposed Change		\$36.89		\$36.89		\$36.89		
YES		99213	see CPT description	No Proposed Change		\$53.19		\$53.19		\$53.19		
YES		99214	see CPT description	No Proposed Change		\$79.45		\$79.45		\$79.45		
YES		99215	see CPT description	No Proposed Change		\$116.27		\$116.27		\$116.27		
YES		99217	see CPT description	No Proposed Change		\$69.63		\$69.63		\$69.63		

BH SERVICES FOR MCO MEMBERS ONLY

		H2030	Recovery Services									
		S5110	Family Support Services									
		T1005	Respite Services									

FQHC SPECIFIC INSTRUCTIONS FOR CERTAIN SERVICES

Instructions from Medical Assistance Program Manual Supplement 16-13: Billing and Payment to Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Hospital Based Rural Health Clinics (HB-RHC) and Indian Health Service (IHS) FQHCs (January 6, 2017).

See the document at: <http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/16-13.pdf>

Most "Specialized BH Services" are services that are typically provided through a Specialized Behavioral Health entity; that is, a Behavioral Health Agency, a Community Mental Health Center, or a Core Service Agency. These services include:

- Applied Behavioral Analysis (ABA) for treating autism spectrum disorders.

The FQHC must be specifically approved as a Stage 1, 2, or 3 ABA provider. The individuals rendering the service must also be enrolled specifically as an ABA autism evaluation practitioner, a behavior analyst, or a behavior technician.

- Assertive Community Treatment (ACT)

The FQHC must have a letter from HSD/BHSD or HSD/MAD approving them for ACT.

- Behavior Management Skills Development (BMS)

The FQHC must be certified by CYFD to provide BMS services.

- Comprehensive Community Support Services (CCSS)

- Day Treatment (DT)

The FQHC must be certified by CYFD for Day Treatment.

- Intensive Outpatient Program (IOP)

The FQHC must have applied and have been approved as an IOP provider.

- Multi-Systemic Therapy (MST)

The FQHC must be licensed by MST Inc. and follow specific fidelity models, and have the documentation approved by MAD provider enrollment.

- Psychosocial Rehabilitation Services (PSR)

The FQHC must either be licensed as a Community Mental Health Center or designated by HSD/BHSD as also being a Core Service Agency (CSA) and the recipient must be part of the PSR target population.

When the requirements for providing these services are met, including necessary licensing when required as a CMHC or a designation as a CSA, an FQHC can be authorized to provide these services under its FQHC provider type. Many FQHCs began providing some of these services as other non-FQHC providers discontinued their operations in New Mexico.

These specialized behavior health services are different than the typical behavioral health evaluations, therapies, and group therapies rendered by an individual provider or professional group. (Note that for "non-specialized services" such as the typical evaluation and therapy, which is not one of the specialized behavioral health services listed above, FQHCs bill using the UB format as an FQHC encounter, using revenue code 0919 and are paid at the FQHC encounter rate.)

The specialized behavioral health services are best identified using the CMS 1500 format and corresponding 837-P electronic transactions. Therefore, the FQHC must bill for the specialized BH services to MCOs using the CMS 1500 format and only when they are approved to provide specific specialized behavioral health services. Using the CMS 1500 format permits the MCO to determine the utilization of services and manage the qualifications of the provider.

The FQHC is entitled to, at a minimum, the fee-for-service FQHC encounter rate. However, the MCO and the FQHC may negotiate a different rate for each Specialized BH Service. For example, the FQHC rate for IOP does not need to be the same as for Day Treatment.

Not applicable to Rural Health Clinics (RHCs) and Hospital Based Rural Health Clinics (HB-RHC). When a RHC or HB-RHC qualifies to render any of the Specialized Behavior Health Services, they obtain a separate Medicaid provider for their Specialized Behavioral Health Services and enroll separately as a BHA, CMHC, or CSA, as appropriate. These Specialized Behavioral Health Services are not part of the core services for these types of providers and are, therefore, not paid at their encounter rates. Rather, the negotiated MCO fee schedule or Medicaid FFS schedule rates apply.

It is important that the MCO edit the claims to ensure that no more than one encounter rate is paid per day unless the recipient goes to the FQHC more than once in a day with a different diagnosis, or had two distinct types of visits such as:

- A physical health visit and a dental visit on the same day.

- A physical health visit and a separate behavioral health service provided by a different provider on the same day.

- More than one distinct Specialized Behavioral Health service which does not otherwise overlap or is prohibited from being billed in conjunction with another Specialized BH Service per the NMAC for Specialized Behavioral Health Services.