

**PART I: FEE SCHEDULE FOR BEHAVIORAL HEALTH PROVIDERS  
FOR PUBLIC COMMENT  
To Be Posted for July 1, 2018**

**See Part II, below, for proposed fee increases**

**Notes on interpreting the fee schedule:**

1. The rendering provider requirements, the units, and the max units are being described on the fee schedule for the first time, and are stated as MAD and BHSD currently considers them; however; they are subject to public comments at this time.
2. The fee schedule amounts are stated as they currently exist, unless changes are noted otherwise; however, existing rates as well as proposed changes are also subject to public comment.
3. This fee schedule does not include rates for Applied Behavior Analysis for autism. It is on a separate fee schedule and is not being changed at this time.
4. 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.
5. 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.
6. Key: BHA = Behavioral Health Agency; CLNM HH = Care Link New Mexico Health Home; CMHC = Community Mental Health Center; CSA = Core Service Agency.
7. This fee schedule is for services provided to Medicaid fee for service recipients. Managed care provider rates and determined between the provider and the MCO and may differ from the fee-for-service fee schedule. Managed care rates are not subject to the public comment process.

**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 : <http://www.hsd.state.nm.us/providers/fee-for-service.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.**

FEE SCHEDULE FOR SERVICES FOR WHICH PAYMENT MAY VARY DEPENDENT ON THE RENDERING PROVIDER											
RENDERING PROVIDER REQUIRED	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
	<b>Revenue Code</b>										
Report Referring or Ordering Provider in the Attending Provider Field	0190	RTC Daily rate, not including discharge date Units = number of days	\$243.00							Approved RTC provider type, billing on the UB format	Level of Care determination and approval required
Report Referring or Ordering Provider in the Attending Provider Field	0191	RTC-DESERT HILLS-GIRLS TX UNIT ONLY Daily rate, not including discharge date Units = number of days	\$270.00							Approved RTCs, billing on the UB format	Level of Care determination and approval required

Report Referring or Ordering Provider in the Attending Provider Field	1001	ARTC - PSYCHIATRIC Daily rate, not including discharge date Units = number of days	\$270.00							Approved RTCs, billing on the UB format	Level of Care determination and approval required
Report Referring or Ordering Provider in the Attending Provider Field	1002	ARTC - CHEMICAL DEPENDENCY Daily rate, not including discharge date Units = number of days	\$270.00							Approved RTCs, billing on the UB format	Level of Care determination and approval required
Report Referring or Ordering Provider in the Attending Provider Field	1005	Group home Daily rate, not including discharge date Units = number of days	\$112.50							Approved RTCs, billing on the UB format	Level of Care determination and approval required
NO	0912	Partial Hospitalization Unit = 1 hour	negotiated or at percent of billed charge							For acute care hospitals or free standing psych hospitals - type of bill 131	The first 45 days do not require PA
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							Typically, FQHC's will be expected to bill their evaluation and therapy codes on the UB format. Specialized BH services, which are those other than evaluation and therapy codes are not in the core services of an FQHC and, therefore, are billed using the CMS 1500 format with the codes for the service, which are then paid according to the fee schedule.	
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									
	Procedure Code										
YES	G0176	ACTIVITY THERAPY SUCH AS MUSIC, DANCE, ART OR PLAY (NOT FOR RECREATION) 45 min or more Unit = 1 service Max Units = 1			\$105.71	\$85.27	\$85.27	\$76.31	\$76.31	Billable by BHA, CMHC, CSA, and CLNM HH only	The code and rate is newly proposed for 7/1/18 based on comparing rates of codes of similar complexity and services
rendering and referring	G0406	INPATIENT CONSULTATION TELEHEALTH 15 min Unit = 1 Max unit = 1 per event			\$48.43	\$45.99	\$45.99	\$31.53	\$31.53		Added to BH fee schedule at current rate with the PHD with prescribing authority set to be equal to the PHD.

rendering and referring	G0407	INPATIENT CONSULTATION TELEHEALTH <b>25 min</b> Time unit was corrected from 15 min per HCPC II 6/7/18 Unit = 1 Max unit = 1 per event			\$88.85	\$80.51	\$80.51	\$56.99	\$56.99		Added to BH fee schedule at current rate with the PHD with prescribing authority set to be equal to the PHD.
rendering and referring	G0408	INPATIENT CONSULTATION TELEHEALTH <b>35 min</b> Time unit was corrected from 15 min per HCPC II 6/7/18 Unit = 1 Max unit = 1 per event			\$118.48	\$75.42	\$75.42	\$75.42	\$75.42		Added to BH fee schedule at current rate
NO	G0493	SKILLED SERVICES OF AN RN FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION Unit = 15 min	\$16.36							BHA, CMHC, CSA, and CLNM HH providing community crisis services	The code and rate is newly added to the fee schedule based on comparing rates of codes of similar complexity and services
YES	H0001	OPIOID TREATMENT EXAM - INITIAL MEDICAL EXAM UNIT = 1 Service Max units = 1	\$50.52							OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	Corrected chart on June 7th. Price was inadvertently omitted. No price change.
NO	H0015	INTENSIVE OUTPATIENT (IOP) Unit = 1 hour Max units = 4	\$49.76							BHA, CMHC, CSA, when approved for IOP	The rate is the same for a recipient in a group or for individual IOP.
NO	H0020	METHADONE CLINIC SERVICES Unit = per day Max units = 1	\$13.30							OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	
	H0031	COMPREHENSIVE MH HEALTH ASSESSMENT AND DEVELOPMENT OF TREATMENT PLAN FOR SMI OR SED RECIPIENT	\$403.94	U8 (PSR)						PSR for recipient meeting criteria	This code with the U8 modifier, is being removed from the fee schedule and being replaced with code H2000, at the same rate of payment. Refer to H2000
YES	H0031	COMPREHENSIVE MH HEALTH ASSESSMENT AND DEVELOPMENT OF TREATMENT PLAN FOR RECIPIENT WHO IS NOT SMI OR SED Unit = 1 service Max units = 1	\$130.00							BHA, CMHC, <b>CSA</b> Note that CSA was inadvertently omitted from the original list and was added on June 7th but there is no actual change.	This code with out a U8 modifier is being added effective July 1, 2018 . Note that it is for use for a recipient who is not SMI or SED.
YES	H0033	ORAL MEDICATION ADMINISTRATION AND DIRECT OBSERVATION FOR SUBOXONE Unit = 1 service Max units = 1	\$300.00							For induction only	

NO	H0038	PEER SUPPORT - SELF HELP	\$12.00 Unit = 15 min Max units could be up to 12 hours (48 units) if continuous, though typically would not be continuous but would be intermittent or for a shorter time period								Instructions for use will be provided for July 1, 2018.  The code will be primarily for use in crisis treatment.
NO	H0039	ASSERTIVE COMMUNITY TREATMENT FACE-FACE Unit = 15 min Max units = 32	\$41.74 <b>See proposed rate increase for 7/1/2018</b>	required U1-face to face U2-collateral encounter U-3-assertive outreach U-4 group						Approved ACT provider	Modifier U-4 for ACT group is newly added to the fee schedule at the same rate as other ACT services
NO	H2000	COMPREHENSIVE MULTIDISCIPLINARY TEAM EVALUATION - assessment and development of treatment plan for SMI or SED recipient Unit = 1 service per recipient Max units = 1 Each practitioner cannot bill for the same session	\$403.94							BHA, CMHC, CSA, and CLNM HH	new code to replace H0031 U8 at the same current rate.  For providers who may be using for H2000 for updating an assessment, please see code T1007.  For providers who have been using this code for recipients who are not SMI or SED, refer to code H0031 without a modifier
NO	H2010	COMPREHENSIVE MED SVC Unit = 15 min Max units = 2 includes medication assessment, administration, monitoring and recipient education	\$30.00								psychiatrist, psychologist with prescription authority, CNPs, CNS, PAs, and qualified RNs for recipients diagnosed with a mental health and/or substance abuse disorder. See MAD Supplement 16-11 dated December 1, 2016 for more information
NO	H2011	CRISIS INTERVENTION SVC - telephone	\$16.94	U1 (telephone)						BHA, CMHC, CSA, and CLNM HH	

NO	H2011	CRISIS INTERVENTION SVC - in a clinic setting face to face Unit = 15 min Max Units = 4	\$25.25	U2 (face to face)						BHA, CMHC, CSA, and CLNM HH	
NO	H2011	CRISIS INTERVENTION SVC - mobile Unit = 15 min Max Units = 4	\$25.25	U3 (mobile)						BHA, CMHC, CSA, and CLNM HH	
NO	H2011	CRISIS INTERVENTION SVC - stabilization Unit = 15 min Max Units = 8	\$25.25	U4 (stabilization)						BHA, CMHC, CSA, and CLNM HH providing community crisis services	new modifier being added for stabilization
NO	H2012	BEHAVIORAL HEALTH DAY TREATMENT Unit - 1 hour Max units = 8	\$17.51							Day Treatment certification by CYFD	
NO	H2014	BEHAVIOR MANAGEMENT Skills Training Unit = 15 min Max units = 24	\$8.76							BMS certification by CYFD	
YES	H2015	COMP COMM SUPP SVC Unit - 15 min Max Units = 16 modifier required	\$18.29	HO (masters)						CCSS by CMHC or CSA who have completed CCSS training	
YES	H2015	COMP COMM SUPP SVC Unit - 15 min Max Units = 16 modifier required	\$18.29	HN (bachelors)						CCSS by CMHC or CSA who have completed CCSS training	
YES	H2015	COMP COMM SUPP SVC Unit - 15 min Max Units = 16 modifier required	\$15.18	HM (less than a bachelors or peer specialist)						CCSS by CMHC or CSA who have completed CCSS training	
NO	H2017	PSYCHO SOC REHAB SVC - Integrated Classroom Unit = 15 min Max Units = 32	\$5.74	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	\$37.50	HO (masters)						MST licensed - BHA, CMHC, or CSA	
NO	H2033	MULTISYSTEMIC THERAPY (MST) Unit = 15 min Max Units = 32 modifier required	\$35.00	HN (bachelors)						MST licensed - BHA, CMHC, or CSA	
NO	Q3014	Telehealth Facility Fee Unit = 1 event	\$24.83							Originating site providers	
NO	S5145	TREATMENT FOSTER CARE THERAPEUTIC Level I Unit = 1 day Max Units = 31	\$164.9							TFC provider Prior authorization including for the modifier is required.	
NO	S5145	TREATMENT FOSTER CARE THERAPEUTIC Level II Unit = 1 day Max Units = 31	\$121.25	U1 (level II)						TFC provider Prior authorization including for the modifier is required.	
NO	T1001	NURSING ASSESSMENT EVALUATION Unit = 1 service Max units = 1	\$43.60							BHA, CMHC, CSA, and CLNM HH providing community crisis services	

NO	T1007	TREATMENT OR SERVICE PLAN UPDATE DEVELOPMENT Unit = 1 service Max Units = 1	\$110.80							Use only when updating the service plan that was originally developed with a comprehensive assessment (developed under code H0031 U8 or new use of H2000 code)
NO	36591	BLOOD DRAW - VENOUS DEVICE	\$16.17							Only used when there is not a physical health office visit code also being billed. Otherwise, the blood draw is considered part of the physical health office visit.
YES	90785	see CPT description add on, in addition to primary procedure per session Unit = 1 service Max Units = 1			\$3.50	\$3.50	\$3.50	\$3.50	\$3.50	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate  <b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>
YES	90791	see CPT description Unit = 1 service Max Units = 1			121.54	\$121.54	\$121.54	\$98.54	\$110.59	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate  <b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>
YES	90792	see CPT description Unit = 1 service Max Units = 1			154.38		\$139.70		\$139.70	psychiatrist, psychologist with prescription authority, CNPs, CNS  <b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>
YES	90832	see CPT description Unit = 30 min Max Units = 2 One session is billed as 1 unit, regardless of number of family members also present		With or without HQ modifier (group setting)	66.84	\$52.69	\$52.69	\$50.25	\$48.62	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate  <b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>
YES	90833	see CPT description Unit = 30 min Max Units = 2			\$40.93		\$40.93		\$40.93	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate  <b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>

YES	90834	see CPT description Unit = 45 min Max Units = 2 One session is billed as 1 unit, regardless of number of family members also present		With or without HQ modifier (group setting)	\$105.71	\$85.27	\$85.27	\$76.31	\$75.55	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90836	see CPT description Unit = 45 min Max Units = 2			\$66.44		\$66.44		\$66.44	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90837	see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit, regardless of number of family members also present		With or without HQ modifier (group setting)	\$141.95	\$87.12	\$87.12	\$80.09	\$75.55	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90838	see CPT description Unit = 60 min Max Units = 1			\$98.78		\$98.78		\$98.78	psychiatrist, psychologist with prescription authority, CNPs, CNS
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90839	see CPT description Unit = 1 for first 60 min Max Units = 1	\$70.00							psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90840	see CPT description Unit = 1 service Max Units = 1	\$35.00							psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					

YES	90846	see CPT description			\$91.45	\$65.18	\$65.18	\$64.25	\$64.25	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90846	see CPT description		HK - functional family therapy conducted in the home	\$91.45	\$65.18	\$65.18	\$64.25	\$64.25	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90847	see CPT description			\$118.25	\$93.06	\$93.06	\$87.59	\$87.59	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90847	see CPT description		HK - functional family therapy conducted in the home	\$118.25	\$93.06	\$93.06	\$87.59	\$87.59	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90849	see CPT description			\$29.28	\$23.20	\$23.20	\$23.20	\$23.20	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate
					<b>See proposed payment increase for night and weekend modifiers for 7/1/2018</b>					
YES	90853	see CPT description		With or without HQ modifier (group setting)	28.15	\$23.46	\$23.46	\$23.46	\$23.46	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate

					See proposed 20% payment increase plus an increase for night and weekend modifiers for 7/1/2018						
YES	90863	see CPT description This code is an "add on" code to be billed in addition to the primary procedure.			\$30.00		\$30.00		\$30.00	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	The payment level is being corrected from \$71.71 to the pharmacological management code price of \$30.00 as an add on to the primary procedure. It was incorrectly established at \$71.17
					See proposed payment increase for night and weekend modifiers for 7/1/2018						
YES	90889	see CPT description			\$42.80	\$42.82	\$42.82	\$35.58	\$35.58	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	
YES	90885	see CPT description	\$51.42								
	<del>90899</del>	see CPT description To be deleted			10.67	\$8.73	\$8.73	\$5.82	\$5.82	This code is being deleted from the fee schedule	a more specific code should be billed
<b>Physical Health Codes</b>											
YES	96101	see CPT description			\$87.30	\$87.30	\$87.30				
YES	96102	see CPT description			\$38.80	\$38.80	\$38.80				
YES	96103	see CPT description			\$72.75	\$72.75	\$72.75				psychiatrist increased to be equivalent to psychologist (correction going forward)
YES	96116	see CPT description			\$60.52	\$60.52	\$60.52				
YES	96118	see CPT description			\$91.07	\$91.07	\$91.07				
YES	96119	see CPT description			\$38.80	\$38.80	\$38.80				
YES	96120	see CPT description			\$72.75	\$72.75	\$72.75				
YES	96150	see CPT description			\$20.41	\$20.41	\$20.41				
YES	96151	see CPT description			\$19.42	\$19.42	\$19.42				
YES	96160	see CPT description	\$4.29								
YES	99201	see CPT description			\$31.30		\$31.30		\$31.30		
YES	99202	see CPT description			\$62.55		\$62.55		\$62.55		
YES	99203	see CPT description			\$93.52		\$93.52		\$93.52		
YES	99204	see CPT description			\$132.70		\$132.70		\$132.70		
YES	99205	see CPT description			\$169.19		\$169.19		\$169.19		
YES	99211	see CPT description			\$20.25		\$20.25		\$20.25		
YES	99212	see CPT description			\$36.89		\$36.89		\$36.89		
YES	99213	see CPT description			\$50.52		\$50.52		\$50.52		
YES	99214	see CPT description			\$79.45		\$79.45		\$79.45		
YES	99215	see CPT description			\$116.27		\$116.27		\$116.27		
YES	99217	see CPT description			\$69.63		\$69.63		\$69.63		
YES	99218	see CPT description			\$66.54		\$66.54		\$66.54		
YES	99219	see CPT description			\$110.72		\$110.72		\$110.72		

YES	99220	see CPT description			\$155.51		\$155.51		\$155.51		
YES	99221	see CPT description			\$61.11		\$61.11		\$61.11		
YES	99222	see CPT description			\$100.88		\$100.88		\$100.88		
YES	99223	see CPT description			\$140.65		\$140.65		\$140.65		
YES	99231	see CPT description			\$31.04		\$31.04		\$31.04		
YES	99232	see CPT description			\$50.44		\$50.44		\$50.44		
YES	99233	see CPT description			\$70.81		\$70.81		\$70.81		
YES	99234	see CPT description			\$121.25		\$121.25		\$121.25		
YES	99235	see CPT description			\$160.05		\$160.05		\$160.05		
YES	99236	see CPT description			\$199.32		\$199.32		\$199.32		
YES	99238	see CPT description			\$63.05		\$63.05		\$63.05		
YES	99239	see CPT description			\$86.33		\$86.33		\$86.33		
REFERRING is required	99241	see CPT description			\$45.99	\$31.53	\$31.53	\$31.53	\$31.53		
REFERRING is required	99242	see CPT description			\$80.51	\$56.99	\$56.99	\$56.99	\$56.99		
REFERRING is required	99243	see CPT description			\$107.19	\$75.42	\$75.42	\$75.42	\$75.42		
REFERRING is required	99244	see CPT description			\$152.29	\$106.70	\$106.70	\$106.70	\$106.70		
REFERRING is required	99245	see CPT description			\$196.91		\$156.17		\$140.26		
YES	99251	see CPT description			\$33.68		\$23.98		\$23.98		
YES	99252	see CPT description			\$65.45		\$55.75		\$55.75		
YES	99253	see CPT description			\$88.27		\$78.21		\$78.21		
YES	99254	see CPT description			\$127.07		\$113.66		\$113.66		
YES	99255	see CPT description			\$174.60		\$145.50		\$145.50		
YES	99304	see CPT description			70.99		\$70.99		\$70.99		
YES	99305	see CPT description			\$94.34		\$94.34		\$94.34		
YES	99306	see CPT description			\$116.51		\$116.51		\$116.51		
YES	99307	see CPT description			\$36.62		\$36.62		\$36.62		
YES	99308	see CPT description			\$60.66		\$60.66		\$60.66		
YES	99309	see CPT description			\$82.12		\$82.12		\$82.12		
YES	99310	see CPT description			\$107.10		\$107.10		\$107.10		
YES	99354	see CPT description			\$93.55	\$93.55	\$93.55	\$93.55	\$93.55	BHA, CMHC, CSA, and CLNM HH providing community crisis services	The code and rate is newly added to the fee schedule at existing rates.
YES	99355	see CPT description			\$45.31	\$45.31	\$45.31	\$45.31	\$45.31	BHA, CMHC, CSA, and CLNM HH providing community crisis services	The code and rate is newly added to the fee schedule but the rate is being corrected from \$90.61 to \$45.31, because the code is only for 30 minutes, not for a full hour. It is an "add on" code to 99354.
YES	99356	see CPT description			\$86.06				\$86.06		
YES	99357	see CPT description			\$86.74				\$86.74		
YES	99406	see CPT description			\$12.66	\$12.66	\$12.66	\$12.66	\$12.66		
YES	99407	see CPT description			\$24.80	\$24.80	\$24.80	\$24.80	\$24.80		

**Part II: CODES BILLED BY BEHAVIORAL HEALTH PROVIDERS WITH PROPOSED RATE INCREASES  
TO BE EFFECTIVE JULY 1, 2018  
FOR PUBLIC COMMENT**

RENDERING PROVIDER REQUIRED	CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	FEE SCHEDULE FOR SERVICES FOR WHICH PAYMENT MAY VARY DEPENDING ON THE RENDERING PROVIDER					USE	COMMENT
					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		
NO	H0039	ASSERTIVE COMMUNITY TREATMENT FACE-FACE Unit = 15 min Max units = 8	\$50.09	required U1-face to face U2-collateral encounter U-3-assertive outreach U-4 group						Approved ACT provider	modifier U4 for group ACT is newly proposed for 7/1/18; and an increase of 20% above the current price for all four modifiers is proposed for 7/1/18
NO	H2011	CRISIS INTERVENTION SVC -2 Individuals mobile Unit = 15 min Max Units = 4 Note the rate will be \$50.50 assuming 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	\$50.50	U3 (mobile)						BHA, CMHC, CSA, and CLNM HH	Proposed rate to be doubled (from \$25.25) to cover 2 individuals providing mobile treatment , effective 7/1/18
YES	H2015	COMP COMM SUPP SVC Unit - 15 min Max Units = 16 modifier required	\$25.04	HO (masters) and CG (policy criteria - in community)						CMHC or CSA or CLNM HH who have completed CCSS training and a BHA who has completed CCSS training and has a supervisory certificate	new use of modifier CG with a new proposed rate effective 7/1/18
YES	H2015	COMP COMM SUPP SVC Unit - 15 min Max Units = 16 modifier required	\$21.95	HN (bachelors) and CG (policy criteria - in community)						CMHC or CSA or CLNM HH who have completed CCSS training and a BHA who has completed CCSS training and has a supervisory certificate	new use of modifier CG with a new proposed rate effective 7/1/18
YES	H2015	COMP COMM SUPP SVC Unit - 15 min Max Units = 16 modifier required	\$18.21	HM (less than a bachelors) and CG (policy criteria - in community)						CCSS by CMHC or CSA who have completed CCSS training and have a supervisory certificate	new use of modifier CG with a new proposed rate effective 7/1/18
NO	S5145	FOSTER CARE THERAPEUTIC Level I Unit = 1 day Max Units = 31	\$195.88							TFC provider	Proposed rate increase of 20% to the existing rate of \$164.90, effective 7/1/2018

NO	S5145	FOSTER CARE THERAPEUTIC Level II Unit = 1 day Max Units = 31	\$145.50	U1 (level II)						TFC provider	Proposed rate increase of 20% to the existing rate of \$121.25, effective 7/1/2018
YES	90853	CPT Code		With or without an HQ (group setting) modifier	\$33.78	\$28.15	\$28.15	\$28.15	\$28.15	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed rate increase of 20% effective 7/1/2018
<b>For the primary evaluation and therapy codes, coverage of modifiers TV - services on holidays and week-ends, and UH - services provided in the evening -either after provider's regular business hours, or after 8 pm, or between 10 pm and 8 am if open 24 hours.</b>											
YES	90785	add on code Unit = 1 service Max Units = 1		TV (holidays) or UH (after hours)	\$4.20	\$4.20	\$4.20	\$4.20	\$4.20	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90791	Unit = 1 service Max Units = 1		TV (holidays) or UH (after hours)	\$145.85	\$145.85	\$145.85	\$118.25	\$132.71	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90792	Unit = 1 service Max Units = 1		TV (holidays) or UH (after hours)	\$185.26		\$167.64		\$167.64	psychiatrist, psychologist with prescription authority, CNPs, CNS	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90832	Unit = 30 min Max Units = 2		TV (holidays) or UH (after hours)	\$80.21	\$63.23	\$63.23	\$60.30	\$58.34	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90833	Unit = 30 min Max Units = 2		TV (holidays) or UH (after hours)	\$49.12		\$49.12		\$49.12	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90834	Unit = 45 min Max Units = 2		TV (holidays) or UH (after hours)	\$126.85	\$102.32	\$102.32	\$91.57	\$90.66	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.

YES	90836	Unit = 45 min Max Units = 2		TV (holidays) or UH (after hours)	\$79.73		\$79.73		\$79.73	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90837	Unit = 60 min Max Units = 1		TV (holidays) or UH (after hours)	\$170.34	\$104.54	\$104.54	\$96.11	\$90.66	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90838	Unit = 60 min Max Units = 1		TV (holidays) or UH (after hours)	\$118.54		\$118.54		\$118.54	psychiatrist, psychologist with prescription authority, CNPs, CNS	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90839	Unit = 1 for first 60 min Max Units = 1	\$70.00	TV (holidays) or UH (after hours)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90840	see CPT description		TV (holidays) or UH (after hours)	\$42.00	\$42.00	\$42.00	\$42.00	\$42.00	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90846	see CPT description		TV (holidays) or UH (after hours)	\$109.74	\$78.22	\$78.22	\$77.10	\$77.10	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90846	see CPT description		HK - functional family therapy conducted in the home with TV (holidays) or UH (after hours)	\$109.74	\$78.22	\$78.22	\$77.10	\$77.10	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.

YES	90847	see CPT description		TV (holidays) or UH (after hours)	\$141.90	\$111.67	\$111.67	\$105.11	\$105.11	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90847	see CPT description		HK - functional family therapy conducted in the home with TV (holidays) or UH (after hours)	\$141.90	\$111.67	\$111.67	\$105.11	\$105.11	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90849	see CPT description		TV (holidays) or UH (after hours)	\$35.14	\$27.84	\$27.84	\$27.84	\$27.84	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90853	see CPT description		TV (holidays) or UH (after hours)	\$40.53	\$33.78	\$33.78	\$33.78	\$33.78	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
YES	90863	see CPT description		TV (holidays) or UH (after hours)	\$85.40		\$85.40		\$85.40	psychiatrist, psychologist, CNP with psych specialty, CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, or in a BHA with a supervisory protocol certificate	Proposed 20% increase with the TV or UH modifiers, effective July 1, 2018.
Physical Health Codes - office visit E/M code											
YES	99213	see CPT description	\$53.19		\$53.19		\$53.19		\$53.19		This code, which is the most commonly billed "office visit" evaluation and managed code is proposed to be increased from \$50.52 to \$53.19, effective July 1, 2018, for all providers. The price is established as 75% of the 2016 Medicare rate.