## SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

	SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Code	=5			NA1' - 1					
Code	Description	Age	Psychiatrist	APRN/CNS/PA	Medical Psychologist	Psychologist	LCSW	LPC	LMFT	LAC
	Modifier *>	HA=Child								
90785		HB=Adult	AF \$3.44	SA \$2.75	HP \$2.75	AH \$2.75	AJ \$2.41	HO \$2.41	HO \$2.41	HF
90785	INTERACTIVE COMPLEXITY, ADD ON INTERACTIVE COMPLEXITY, ADD ON	0-20 21+	\$3.44				\$2.41	\$2.41	\$2.41	
	PSYCHIATRIC DIAGNOSTIC EVALUATION	0-20	\$108.39		\$86.71			\$75.87	\$75.87	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	21+	\$108.39	\$75.87	\$86.71	\$86.71	\$75.87	\$75.87	\$75.87	
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	0-20	\$115.62		\$92.50					
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	21+	\$108.39				¢22.20	¢22.20	¢22.20	¢22.20
90832 90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	0-20 21+	\$47.65 \$47.65		\$38.12 \$38.12		\$33.36 \$33.36	\$33.36 \$33.36	\$33.36 \$33.36	
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON	0-20	\$30.24				φ33.30	<b>433.30</b>	<b>733.30</b>	<b>733.30</b>
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON	21+	\$43.60	\$30.52	\$34.88					
	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	0-20	\$67.08					\$46.96	\$46.96	
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	21+	\$69.76		\$55.81		\$48.83	\$48.83	\$48.83	\$48.83
90836 90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON	0-20 21+	\$49.13 \$50.31		\$39.30 \$40.25					
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	0-20	\$98.78		·		\$69.15	\$69.15	\$69.15	
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	21+	\$76.74				-	\$53.72		
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT, ADD ON	0-20	\$79.31	\$63.45	\$63.45					
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT, ADD ON	21+	\$57.02							
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	0-20	\$123.60					\$86.52	\$86.52	\$86.52
90839 90840	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	21+ 0-20	\$125.53 \$61.50	-	\$100.42 \$49.20			\$87.87 \$43.05	\$87.87 \$43.05	\$87.87 \$43.05
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	21+	\$50.21		\$49.20		\$45.05	\$35.15	\$35.15	\$45.05
90845	MEDICAL PSYCHOANALYSIS	0-20	\$58.98		Ş40.17	Ş+0.17	<del>755.15</del>	755.15	755.15	755.15
90845	MEDICAL PSYCHOANALYSIS	21+	\$58.98							
	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	0-20	\$62.62	-	\$50.10		\$43.83	\$43.83	-	
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	21+	\$62.62		\$50.10		\$46.79	\$46.79	\$46.79	
90847 90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	0-20	\$77.67 \$77.67	·	\$62.14 \$62.14		\$54.37 \$54.37	-	\$54.37 \$54.37	
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT MULTIPLE FAMILY GROUP PSYCHOTHERAPY	21+ 0-20	\$23.23	·				\$54.57	\$54.57	\$54.37
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	21+	\$23.23		·					
	GROUP PSYCHOTHERAPY	0-20	\$22.05		·		\$15.44	\$15.44	\$15.44	\$15.44
	GROUP PSYCHOTHERAPY	21+	\$22.05	\$17.64	·		\$15.44	\$15.44	\$15.44	\$15.44
90863	PHARMACOLOGIC MANAGEMENT ADD ON	0-20			\$31.13					
	PHARMACOLOGIC MANAGEMENT ADD ON ELECTROCONVULSIVE THERAPY	21+ 0-20	\$94.84		\$52.92					
90870	ELECTROCONVULSIVE THERAPY  ELECTROCONVULSIVE THERAPY	21+	\$94.84							
90875	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 20-30 MINUTES	0-20	\$50.05							
90875	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 20-30 MINUTES	21+	\$50.05							
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	0-20	\$74.34							
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	21+	\$74.34		¢c0.77					
90880 90880	MEDICAL HYPNOTHERAPY  MEDICAL HYPNOTHERAPY	0-20 21+	\$75.96 \$75.96		\$60.77 \$60.77					
96105	ASSESSMENT OF APHASIA	0-20	\$47.82	·	700.77					
96105	ASSESSMENT OF APHASIA	21+	\$47.82							
96116	NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR	0-20	\$68.14							
	NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR	21+	\$68.14							
96121 96121	NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR	0-20 21+	\$68.14 \$68.14							
	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	0-20	\$60.84		\$48.67	\$48.67				
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	21+	\$60.84		\$48.67	·				
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	0-20	\$60.84		\$48.67	\$48.67				
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	21+	\$60.84		\$48.67					
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	0-20	\$76.33		\$61.06	·				
96132 96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	21+ 0-20	\$76.33 \$76.33		\$61.06 \$61.06					
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	21+	\$76.33		\$61.06					
96136	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES	0-20	\$30.42		\$24.34					
96136	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES	21+	\$30.42		\$24.34	\$24.34				
96137	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDITIONAL 30 MINUTES	0-20	\$30.42		\$24.34					
96137	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDITIONAL 30 MINUTES	21+	\$30.42		\$24.34					
96138 96138	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES	0-20 21+	\$17.40 \$17.40		\$17.40 \$17.40					
96138	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES  PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES	0-20	\$17.40		\$17.40 \$17.40					
96139	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES	21+	\$17.40		\$17.40	1				
96146	NEUROPSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTO RESULTS ONLY	0-20	\$31.63		\$31.63					
96146	NEUROPSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTO RESULTS ONLY	21+	\$31.63		\$31.63					
96156	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT	0-20	\$13.10	·	<u> </u>					
	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT	21+	\$16.37		\$13.10					
96156	·	0.20	62442		L C40.00	640.00				
96156 96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; FIRST 30 MINUTES	0-20	\$24.12		\$19.30 \$9.65					
96156	·	0-20 0-20 21+	\$24.12 \$12.06 \$30.16		\$19.30 \$9.65 \$24.32	\$9.65				

## SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

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NEW YORKS OFFICE OF OTHER OUTPOINT COMPRESSOR (INC COMPLETE) (VAN 1991)**   13	99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45-59 Min)	21+	\$99.52	\$79.62	•					
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STANGED FOR THE OTHER COMPANIEST - WINNAM PROJECTION					-	-					
SYARAN DIPORT AND CONTRACTORS - INCOMENDATION OF A 1981   1.0 MB   224   58.0 S   57.7 MB   57.1 S   1.0 MB   224   58.0 S   57.7 MB   57.1 S   1.0 MB   224   58.0 S   57.1 S   57.1 S   1.0 MB   224   58.0 S   57.1 S   57.1 S   1.0 MB   224   58.0 S   57.1 S   57.1 S   1.0 MB   224   58.0 S   57.1 S   57.1 S   1.0 MB   224   58.0 S   27.1 S   57.1 S   1.0 MB   224   58.0 S   27.1 S   57.1 S   1.0 MB   224   58.0 S   27.1 S   57.1 S   27.1						•					
MARKS NED PARTIN OFFICE OLD PARTIN   PROBLEM AND COLORS OF DATA MAY   0.70   34.08   34.11   34.12		ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS	21+			•					
STANDSHOP PARTIES FOR COLUMN IN STANDSHOP PROGRAM FORCES AND FOR THE PARTIES FOR COLUMN IN STANDSHOP PROGRAM FOR STANDSHOP PROGRAM	99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 -19 Min)	0-20	\$27.29	\$21.83	\$21.83					
STANDURED PARTITY OFFICE QUARTACTIVE COMPACTORY CONVENTION (1972)   1972   198   22   198   21   1972   198   22   198	99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 -19 Min)	21+	\$46.39	\$37.11	\$37.11					
STARS INSERT PARTET OFFICE QUITATINET - OFFILIA (\$2.90 Mint)	99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min)	0-20	\$42.80	\$34.24	\$34.24					
STABLISHED PARTINIT GF-ECC QUITAGET COMPRESSIVEY MICH COMPLEXITY 40 -95 Min)**   2018   STABLISHED PARTINIT GF-ECC QUITAGET COMPRESSIVEY MICH COMPLEXITY (40 -95 Min)**   2019   STABLISHED PARTINIT GF-ECC QUITAGET COMPRESSIVEY MICH COMPLEXITY (40 -95 Min)**   2019   STABLISHED PARTINIT GF-ECC QUITAGET COMPRESSIVEY MICH COMPLEXITY (40 -95 Min)**   2019   STABLISHED PARTINIT GF-ECC QUITAGET COMPLEXITY (40 -95 Min)**   2019   STABLISHED PARTINIT GF-ECC QUITAGET COMPLEXITY (30 -95 Min)**   2019   STABLISHED PARTINIT GF-ECC QUITAGET COMPLEXITY (30 Min)**   2019   STABLI	99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min)	21+	\$72.76	\$58.21	\$58.21					
STAGUSHED PATENT OFFICE QUITATIENT COMPREHENSIVE HIGH COMPRESSIVE (AS SECTION 1)	99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min)	0-20	\$64.57	\$51.66	\$51.66					
STABLISHIO PATENT OFFICE OUTPATIONT. CONFIDENTIAL CONFI	99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min)	21+	\$109.77	\$87.82	\$87.82					
SPAID   PROLONICE OF TITLE OF THE OLYPATIVET, CALL ADDITIONAL \$5 MINUTES**   2,34   53.34   6.54	99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min)**	0-20	\$93.37	\$74.70	\$74.70					
PROJUNCE O DEFICE OR COTHER CUITEMENT, TARK ADDITIONAL 15 MINUTES**   29218   MODIFIED, OSSERVATION CORE. LOW COMPLEXITY (30 Min)   224   54,941   533.90   533.90   539.90   599.91     1005PTAL DOSERVATION CORE. LOW COMPLEXITY (30 Min)   224   54,941   535.90   533.90   539.90   599.91     1005PTAL DOSERVATION CORE. LOW COMPLEXITY (30 Min)   274   54,941   536.91   593.90   533.90   599.91   1005PTAL DOSERVATION CORE. MODIFICATION CORE. MODIFIC	99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min)**	21+	\$158.73	\$126.98	\$126.98					
MOSPITAL DESERVATION CARE - LOW COMPLEXITY (30 Mm)	99417	PROLONGED OFFICE OR OTHER OUTPATIENT, EACH ADDITIONAL 15 MINUTES**	0-20	\$29.18	\$23.34	\$23.34					
HOSPITAL DISPAYATION CARE - TOW COMPLEXITY 30 Min)	99417	PROLONGED OFFICE OR OTHER OUTPATIENT, EACH ADDITIONAL 15 MINUTES**	21+	\$24.32	\$19.46	\$19.46					
HOSPITAL DISSENATION CARE - MODERATE COMPLEXITY (SO Min)	99218	HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min)	0-20	\$44.91	\$35.93	\$35.93					
HOSPITAL ORSENATION CARE - HIGH COMPETENT (FO Min)	99218	HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min)	21+	\$44.91	\$35.93	\$35.93					
	99219	HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min)	0-20	\$74.41	\$59.53	\$59.53					
	99219	HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min)	21+	\$74.41	\$59.53	\$59.53					
199212   INTIGAL HOSPITAL INFAITEN CARE, LOW COMPLEXITY (30 Min)   221   564.84   531.54   99.922   INTIGAL HOSPITAL INFAITEN CARE, LOW COMPLEXITY (50 Min)   221   564.84   531.54   99.922   INTIGAL HOSPITAL INFAITEN CARE, MODERATE COMPLEXITY (50 Min)   220   587.95   570.36   99.922   INTIGAL HOSPITAL INFAITEN CARE, MODERATE COMPLEXITY (50 Min)   221   587.95   570.36   99.922   INTIGAL HOSPITAL INFAITEN CARE, HIGH COMPLEXITY (70 Min)   221   532.95   570.36   99.922   INTIGAL HOSPITAL INFAITEN CARE, HIGH COMPLEXITY (70 Min)   221   532.98   530.3.50   99.922   INTIGAL HOSPITAL INFAITEN CARE, LOW (15 Min)   221   532.88   530.3.50   99.922   INTIGAL HOSPITAL INFAITEN CARE, LOW (15 Min)   221   532.88   530.3.50   99.922   INTIGAL HOSPITAL INFAITEN CARE, LOW (15 Min)   221   532.88   500.3.50   99.922   INTIGAL HOSPITAL INFAITEN CARE, LOW (15 Min)   221   532.88   99.922   INTIGAL HOSPITAL INFAITEN CARE, HIGH (15 Min)   221   547.88   538.77   538.77   99.923   INTIGAL HOSPITAL INFAITEN CARE, HIGH (25 Min)   221   547.88   538.77   538.77   99.923   INTIGAL HOSPITAL INFAITEN CARE, HIGH (35 Min)   221   547.88   538.77   538.77   99.923   INTIGAL HOSPITAL INFAITEN CARE, HIGH (35 Min)   221   547.88   558.48   554.85   554.85   99.923   INTIGAL HOSPITAL INFAITEN CARE, HIGH (35 Min)   221   547.88   557.80   99.923   INTIGAL HOSPITAL INFAITEN CARE, HIGH (35 Min)   221   547.80   557.80   99.923   INTIGAL HOSPITAL INFAITEN CARE, HIGH (35 Min)   221   547.80   557.80   99.923   INTIGAL HOSPITAL INFAITEN CARE, HIGH (35 Min)   221   547.80   557.80   99.923   INTIGAL HOSPITAL INFAITEN CARE, HIGH (35 Min)   221   547.80   557.20   99.923   INTIGAL HOSPITAL INFAITEN CARE, HIGH (35 Min)   221   547.80   557.20   99.923   INTIGAL HOSPITAL HOSPITA	99220	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min)	0-20	\$104.35	\$83.48	\$83.48					
1922    NATIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)	99220	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min)	21+	\$104.35	\$83.48	\$83.48					
99222 NITHAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 99233 NITHAL HOSPITAL INPATIENT CARE, HORI COMPLEXITY (70 Min) 99234 NITHAL HOSPITAL INPATIENT CARE, HORI COMPLEXITY (70 Min) 99236 NITHAL HOSPITAL INPATIENT CARE, HORI COMPLEXITY (70 Min) 99236 NITHAL HOSPITAL INPATIENT CARE, HORI COMPLEXITY (70 Min) 99236 NITHAL HOSPITAL INPATIENT CARE, HORI COMPLEXITY (70 Min) 99236 NITHAL HOSPITAL INPATIENT CARE, HORI (MIN) 99237 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99238 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99239 SUBSEQUENT HOSPITAL INPATIENT CARE, HORI (85 Min) 99230 SUBSEQUENT HOSPITAL INPATIENT CARE, HORI (85 Min) 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 99232 SUBSEQUENT HOSPITAL INPATIENT CARE, HORI (85 Min) 99233 SUBSEQUENT HOSPITAL INPATIENT CARE, HORI (85 Min) 99234 SUBSEQUENT HOSPITAL INPATIENT CARE, HORI (85 Min) 99235 SUBSEQUENT HOSPITAL INPATIENT CARE, HORI (85 Min) 99236 SUBSEQUENT HOSPITAL INPATIENT CARE, HORI (85 Min) 99237 SUBSEQUENT HOSPITAL INPATIENT CARE, HORI (85 Min) 99238 SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (15 Min) 99239 SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (15 Min) 99240 NORPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min) 99250 NORPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min) 99260 NORPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min) 99270 NORPITAL OBSERVATION OR INPATIENT CARE - MODERATE	99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	0-20	\$64.43	\$51.54	\$51.54					
PSP222   NITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)   0-72   \$12-38   \$103.50   \$103.5	99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	21+	\$64.43	\$51.54						
99223   INTRAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)   21+ 512-38 510.5 0 50.3 50   99231   11.1 H. COSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)   21+ 512-38 510.5 0 50.5   99231   11.1 H. COSPITAL INPATIENT CARE, LOW (15 Min)   21+ 52-56.0 521.28   521.28   99231   11.1 H. COSPITAL INPATIENT CARE, LOW (15 Min)   21+ 52-56.0 521.28   521.28   99231   11.1 H. COSPITAL INPATIENT CARE, LOW (15 Min)   21+ 52-56.0 521.28   521.28   99231   11.1 H. COSPITAL INPATIENT CARE, LOW (15 Min)   22+ 52-56.0 521.28   521.28   99231   11.1 H. COSPITAL INPATIENT CARE, LOW (15 Min)   92-20 52-20   547.84   538.27   538.27   99232   11.1 H. COSPITAL INPATIENT CARE, MODERATE (25 Min)   92-20   547.84   538.27   538.27   99233   11.1 H. COSPITAL INPATIENT CARE, HIGH (15 Min)   92-20   558.55   554.85   554.85   554.85   99234   11.1 H. COSPITAL INPATIENT CARE, HIGH (15 Min)   92-20   559.00   572.60   92-20	99222	INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)	0-20	\$87.95	\$70.36	\$70.36					
19223   NITIAL HOSPITAL INPATIENT CARE, LOW (15 Min)   0.20   526.60   521.28   521.28   521.28   521.28   522.28   522.31   522.28   522.31   522.28   522.31   522.28   522.31   522.28   522.31   522.28   522.31   522.28   522.31   522.28   522.31   522.28   522.31   522.28   522.31   52	99222	INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)	21+	\$87.95	\$70.36						
D9231   SUBSCOURT HOSPITAL INPATENT CARE, LOW (15 Min)	99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)	0-20	\$129.38	\$103.50	\$103.50					
199231   SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min)   214   526 60   521.28   521.28   521.28   521.28   521.28   522.28	99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)	21+	\$129.38	\$103.50						
99222   SUBSCQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)   21+ \$47.84 \$38.27   \$38.27   \$39.27   \$39.27   \$39.27   \$39.27   \$39.23   \$39.85 CQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)   21+ \$47.84 \$38.27   \$38.27   \$39.27   \$39.23   \$39.85 CQUENT HOSPITAL INPATIENT CARE, MIGH (35 Min)   21+ \$36.56 \$54.85 \$54.85   \$59.85   \$39.23   \$39.85 CQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)   21+ \$36.56 \$54.85 \$54.85   \$59.85   \$59.85   \$59.23   \$39.23   \$39.85 CQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)   21+ \$99.00 \$72.80 \$72.80   \$72.80	99231	SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min)	0-20	\$26.60	\$21.28	\$21.28					
99232   SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (29 Min)   21+ \$47.84   \$38.27   \$38.27   \$9239   \$9239   SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)   21+ \$68.56   \$54.85   \$54.85   \$9233   \$95.00   \$72.80   \$72.80   \$9234   HOSPITAL DISCHARGE LOW (40 Min)   0.20   \$91.00   \$72.80   \$72.80   \$9234   HOSPITAL DISCHARGE DAY (ADMIN)   0.20   \$91.00   \$72.80   \$72.80   \$9234   HOSPITAL DISCHARGE DAY (40 Min)   0.20   \$91.00   \$72.80   \$72.80   \$9234   HOSPITAL DISCHARGE DAY (20 Min)   0.20   \$91.00   \$72.80   \$72.80   \$9236   HOSPITAL DISCHARGE DAY (20 Min)   0.20   \$91.00   \$72.80   \$92.8	99231	SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min)	21+	\$26.60	\$21.28	\$21.28					
99233   SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)   21+ \$68.56   \$54.85   \$54.85   \$99233   \$3085CQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)   21+ \$68.56   \$54.85   \$54.85   \$99234   HOSPITAL DISERVATION OR INPATIENT CARE, LOW (40 Min)   0-20 \$91.00   \$72.80   \$72.80   \$99234   HOSPITAL DISERVATION OR INPATIENT CARE - LOW (40 Min)   0-20 \$19.00   \$72.80   \$72.80   \$99235   HOSPITAL DISERVATION OR INPATIENT CARE - MODERATE (50 Min)   0-20 \$19.50   \$72.80   \$99235   HOSPITAL DISERVATION OR INPATIENT CARE - MODERATE (50 Min)   0-20 \$19.50   \$99235   HOSPITAL DISERVATION OR INPATIENT CARE - MODERATE (50 Min)   0-20 \$19.50   \$99236   HOSPITAL DISERVATION OR INPATIENT CARE - MODERATE (50 Min)   0-20 \$148.52   \$118.82   \$99236   HOSPITAL DISERVATION OR INPATIENT CARE - HIGH (55 Min)   0-20 \$148.52   \$118.82	99232	SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)	0-20	\$47.84	\$38.27	\$38.27					
99233   SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)   214   \$58.56   \$54.85   \$54.85   \$99.24   HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)   224   \$91.00   \$72.80   \$72.80   \$99.234   HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)   224   \$91.00   \$72.80   \$72.80   \$99.235   HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)   224   \$91.00   \$72.80   \$95.62   \$95.62   \$95.62   \$99.255   HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)   224   \$119.53   \$95.62   \$95.62   \$95.62   \$99.255   HOSPITAL OBSERVATION OR INPATIENT CARE - HODERATE (50 Min)   224   \$119.53   \$95.62   \$95.62   \$99.262   \$99			21+	\$47.84	\$38.27	\$38.27					
99233   SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)   214   \$58.56   \$54.85   \$54.85   \$99.24   HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)   224   \$91.00   \$72.80   \$72.80   \$99.234   HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)   224   \$91.00   \$72.80   \$72.80   \$99.235   HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)   224   \$91.00   \$72.80   \$95.62   \$95.62   \$95.62   \$99.255   HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)   224   \$119.53   \$95.62   \$95.62   \$95.62   \$99.255   HOSPITAL OBSERVATION OR INPATIENT CARE - HODERATE (50 Min)   224   \$119.53   \$95.62   \$95.62   \$99.262   \$99						·					
99234   HOSPITAL DISSERVATION OR INPATIENT CARE - LOW (40 Min)   21+   591.00   572.80   572.80   99234   HOSPITAL DISSERVATION OR INPATIENT CARE - LOW (40 Min)   21+   591.00   572.80   572.80   99235   HOSPITAL DISSERVATION OR INPATIENT CARE - LOW (40 Min)   21+   591.00   572.80   572.80   99235   HOSPITAL DISSERVATION OR INPATIENT CARE - MODERATE (50 Min)   0-20   5115.53   595.62   595.62   992.80   99235   HOSPITAL DISSERVATION OR INPATIENT CARE - MODERATE (50 Min)   21+   5115.53   595.62   595.62   992.62   99						·					
99234   HOSPITAL DISSERVATION OR INPATIENT CARE - LOW (40 Min)   21+   \$91.00   \$72.80   \$72.80   \$99.562   \$99.56	-			· · · · · · · · · · · · · · · · · · ·		•					
99235   HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)   0-20   \$119.53   \$95.62   \$95.62   \$95.62   \$99.52   \$99.32   \$10.591TAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min)   0-20   \$14.58   \$118.82   \$118.82   \$99.326   HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min)   0-20   \$14.58   \$118.82   \$118.						·					
99235   HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)   0-20   \$14.52   \$11.8.82   \$11.8.82   \$19.53   \$95.62   \$99.62   \$99.36   HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min)   0-20   \$14.52   \$11.8.82   \$11.8.82   \$19.38				· · · · · · · · · · · · · · · · · · ·		•					
99236 HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min) 99236 HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min) 99238 HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min) 99238 HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min) 99238 HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min) 99239 HOSPITAL DISCHARGE DAY (>30 Min) 99230 HOSPITAL DISCHARGE DAY (>30 Min) 99230 HOSPITAL DISCHARGE DAY (>30 Min) 99231 EMERGENCY DEPARTMENT VISIT, SELF LIM 99231 EMERGENCY DEPARTMENT VISIT, SELF LIM 99232 EMERGENCY DEPARTMENT VISIT, LOW 99233 EMERGENCY DEPARTMENT VISIT, LOW 9924 EMERGENCY DEPARTMENT VISIT, LOW 9924 EMERGENCY DEPARTMENT VISIT, MODERATE 9925 EMERGENCY DEPARTMENT VISIT, MODERATE 9926 EMERGENCY DEPARTMENT VISIT, MODERATE 9927 EMERGENCY DEPARTMENT VISIT, MODERATE 9928 EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED 99280 INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY											
99236   HOSPITAL DISCHARGE DAY MANAGEMENT ( <a \$33.80="" \$37.80="" \$47.25="" \$54.97="" \$68.71="" \$92.38="" \$92.39="" (="" (<a="" 0-20="" day="" discharge="" hospital="" management="" min)="" o=""  ="">30 Min)   0-20   \$68.71   \$54.97   \$54.97   \$92.39   HOSPITAL DISCHARGE DAY (&gt;30 Min)   0-20   \$68.71   \$54.97   \$54.97   \$92.39   HOSPITAL DISCHARGE DAY (&gt;30 Min)   0-20   \$68.71   \$54.97   \$54.97   \$92.39   HOSPITAL DISCHARGE DAY (&gt;30 Min)   0-20   \$14.58   \$11.66   \$11.66   \$11.66   \$92.21   \$92.21   \$92.21   \$92.22   \$92.27   \$92.27   \$92.27   \$92.22   \$92.27   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.22   \$92.23   \$92.24   \$92.2</a>					-	•					
99238 HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min) 99238 HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min) 21						-					
99238   HOSPITAL DISCHARGE DAY (NANAGEMENT (<30 Min)   21+ \$47.25 \$37.80 \$37.80   9239   HOSPITAL DISCHARGE DAY (>30 Min)   0-20 \$68.71 \$54.97 \$54.97   9239   HOSPITAL DISCHARGE DAY (>30 Min)   0-20 \$68.71 \$54.97 \$54.97   9239   HOSPITAL DISCHARGE DAY (>30 Min)   0-20 \$14.58 \$11.66 \$11.66   9281   EMERGENCY DEPARTMENT VISIT, SELF LIM   0-20 \$14.58 \$11.66 \$11.66   9282   EMERGENCY DEPARTMENT VISIT, LOW   0-20 \$28.40 \$22.72 \$22.72   9282   EMERGENCY DEPARTMENT VISIT, LOW   0-20 \$28.40 \$22.72 \$22.72   9282   9282   EMERGENCY DEPARTMENT VISIT, LOW   0-20 \$44.18 \$35.34 \$35.34   9283   EMERGENCY DEPARTMENT VISIT, MODERATE   0-20 \$44.18 \$35.34 \$35.34   9284   EMERGENCY DEPARTMENT VISIT, MODERATE   21+ \$44.18 \$35.34 \$35.34   9284   EMERGENCY DEPARTMENT VISIT, PROBLEM   0-20 \$82.58 \$66.06 \$66.06   9284   EMERGENCY DEPARTMENT VISIT, PROBLEM   0-20 \$82.58 \$66.06 \$66.06   9285   EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   0-20 \$122.93 \$98.34 \$98.34   99285   EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   0-20 \$66.63 \$53.30 \$53.30   99304   INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY   0-20 \$66.63 \$53.30 \$53.30   99304   INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY   0-20 \$66.63 \$53.30 \$53.30   0-20 \$82.58 \$66.06 \$65.06   0-20 \$82.58 \$66.06 \$66.06   0-20 \$82.58 \$66.06 \$6					•						
99239   HOSPITAL DISCHARGE DAY (>30 Min)   0-20   \$68.71   \$54.97   \$54.97   \$9239   HOSPITAL DISCHARGE DAY (>30 Min)   21+   \$68.71   \$54.97   \$54.97   \$9281   EMERGENCY DEPARTMENT VISIT, SELF LIM   0-20   \$14.58   \$11.66   \$11.66   \$9281   EMERGENCY DEPARTMENT VISIT, SELF LIM   21+   \$14.58   \$11.66   \$11.66   \$9282   EMERGENCY DEPARTMENT VISIT, LOW   22+   \$28.40   \$22.72   \$22.72   \$9282   EMERGENCY DEPARTMENT VISIT, LOW   21+   \$28.40   \$22.72   \$22.72   \$9283   EMERGENCY DEPARTMENT VISIT, MODERATE   0-20   \$44.18   \$35.34   \$35.34   \$9283   EMERGENCY DEPARTMENT VISIT, MODERATE   21+   \$44.18   \$35.34   \$35.34   \$9284   EMERGENCY DEPARTMENT VISIT, ROBLEM   0-20   \$82.58   \$66.06   \$66.06   \$9285   EMERGENCY DEPARTMENT VISIT, PROBLEM   21+   \$82.58   \$66.06   \$66.06   \$9285   EMERGENCY DEPARTMENT VISIT, PROBLEM   21+   \$82.58   \$66.06   \$66.06   \$9285   EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   0-20   \$122.93   \$98.34   \$98.34   \$99304   INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY   0-20   \$66.63   \$53.30   \$53.30   \$93.30   \$9304   INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY   0-20   \$66.63   \$53.30   \$53.30   \$9304   INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY   0-20   \$66.63   \$53.30   \$53.30   \$8304   \$98.34				· · · · · · · · · · · · · · · · · · ·	-						
99239   HOSPITAL DISCHARGE DAY (>30 Min)   21+ \$68.71 \$54.97 \$54.97   99281   EMERGENCY DEPARTMENT VISIT, SELF LIM   0-20 \$14.58 \$11.66 \$11.66   99281 EMERGENCY DEPARTMENT VISIT, SELF LIM   21+ \$14.58 \$11.66 \$11.66   99282 EMERGENCY DEPARTMENT VISIT, LOW   0-20 \$28.40 \$22.72 \$22.72   99282 EMERGENCY DEPARTMENT VISIT, LOW   21+ \$28.40 \$22.72 \$22.72   99283 EMERGENCY DEPARTMENT VISIT, MODERATE   0-20 \$44.18 \$35.34 \$35.34   99283 EMERGENCY DEPARTMENT VISIT, MODERATE   21+ \$44.18 \$35.34 \$35.34   99284 EMERGENCY DEPARTMENT VISIT, PROBLEM   0-20 \$82.58 \$66.06 \$66.06   99284 EMERGENCY DEPARTMENT VISIT, PROBLEM   0-20 \$82.58 \$66.06 \$66.06   99284 EMERGENCY DEPARTMENT VISIT, PROBLEM   0-20 \$82.58 \$66.06 \$66.06   99285 EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   0-20 \$122.93 \$98.34 \$98.34   99285 EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   0-20 \$66.63 \$53.30 \$53.30 \$98.34   99304 INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY   0-20 \$66.63 \$53.30 \$53.30 \$53.30 \$						·					
P9281   EMERGENCY DEPARTMENT VISIT, SELF LIM   D-20   \$14.58   \$11.66   \$11.66   \$19.20   \$14.58   \$11.66   \$11.66   \$19.20   \$14.58   \$11.66   \$11.66   \$19.20   \$14.58   \$11.66   \$11.66   \$19.20   \$14.58   \$11.66   \$11.66   \$10.20   \$14.58   \$11.66   \$11.66   \$10.20   \$14.58   \$11.66   \$10.20   \$14.58   \$11.66   \$10.20   \$14.58   \$11.66   \$10.20   \$14.58   \$11.66   \$10.20   \$14.58   \$11.66   \$10.20   \$14.58   \$11.66   \$10.20   \$14.58   \$11.66   \$11.66   \$10.20   \$14.58   \$11.66   \$11.66   \$10.20   \$14.58   \$11.66   \$11.66   \$10.20   \$14.58   \$11.66   \$11.66   \$11.66   \$10.20   \$14.58   \$11.66   \$				· · · · · · · · · · · · · · · · · · ·							
P9281   EMERGENCY DEPARTMENT VISIT, SELF LIM   21+ \$14.58 \$11.66 \$11.66   99282   EMERGENCY DEPARTMENT VISIT, LOW   0-20 \$28.40 \$22.72 \$22.72   99282   EMERGENCY DEPARTMENT VISIT, LOW   21+ \$28.40 \$22.72 \$22.72   99283   EMERGENCY DEPARTMENT VISIT, MODERATE   0-20 \$44.18 \$35.34 \$35.34   99283   EMERGENCY DEPARTMENT VISIT, MODERATE   21+ \$44.18 \$35.34 \$35.34   99284   EMERGENCY DEPARTMENT VISIT, PROBLEM   0-20 \$82.58 \$66.06 \$66.06   99284   EMERGENCY DEPARTMENT VISIT, PROBLEM   0-20 \$82.58 \$66.06 \$66.06   99285   EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   0-20 \$122.93 \$98.34 \$98.34   99285   EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   21+ \$122.93 \$98.34 \$98.34   99304   INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY   0-20 \$66.63 \$53.30 \$53.30   553.30   99304   99304   INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY   0-20 \$66.63 \$53.30 \$53.30   90304   90304   90304 \$930						•					
P9282   EMERGENCY DEPARTMENT VISIT, LOW   P9284   P9285   EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   P9285   EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   P9286   P9287   P9288   P928		·				•					
99282       EMERGENCY DEPARTMENT VISIT, LOW       21+       \$28.40       \$22.72       \$22.72       92.83         99283       EMERGENCY DEPARTMENT VISIT, MODERATE       0-20       \$44.18       \$35.34		·				·					
99283   EMERGENCY DEPARTMENT VISIT, MODERATE   99283   EMERGENCY DEPARTMENT VISIT, MODERATE   21+ \$44.18 \$35.34 \$35.34 \$35.34   99284   99284   EMERGENCY DEPARTMENT VISIT, PROBLEM   99285   EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED   21+ \$122.93 \$98.34 \$98.34   9					-	•					
99283       EMERGENCY DEPARTMENT VISIT, MODERATE       21+       \$44.18       \$35.34 <td></td> <td>,</td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		,			-						
99284       EMERGENCY DEPARTMENT VISIT, PROBLEM       0-20       \$82.58       \$66.06       \$66.06       \$9284         99284       EMERGENCY DEPARTMENT VISIT, PROBLEM       21+       \$82.58       \$66.06 <td></td> <td>·</td> <td></td> <td></td> <td></td> <td>·</td> <td></td> <td></td> <td></td> <td></td> <td></td>		·				·					
99284       EMERGENCY DEPARTMENT VISIT, PROBLEM       21+       \$82.58       \$66.06       \$66.06       \$66.06       \$9285       \$9285       EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED       \$92.00       \$122.93       \$98.34		·		· · · · · · · · · · · · · · · · · · ·							
99285         EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED         0-20         \$122.93         \$98.34         \$98.34           99285         EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED         21+         \$122.93         \$98.34         \$98.34           99304         INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY         0-20         \$66.63         \$53.30         \$53.30		·				•					
99285       EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED       21+       \$122.93       \$98.34       \$98.34       \$98.34         99304       INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY       0-20       \$66.63       \$53.30       \$53.30       \$53.30		, , , , , , , , , , , , , , , , , , ,				•					
99304 INITIAL NURSING FACILITY VISIT - LOW COMPLEXITY 0-20 \$66.63 \$53.30 \$53.30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		·			-	•					
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## SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

	SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT C	des			5.4 · .12 ·1					
Codo	Description	٨٥٥	Developeriet	APRN/CNS/PA	Medical	Devekologist	I CC/M	LPC	LMFT	LAC
	Description INITIAL NURSING FACILITY VISIT - MODERATE COMPLEXITY	Age 0-20	\$93.24			Psychologist	LCSW	LPC	LIVIFI	LAC
	INITIAL NURSING FACILITY VISIT - MODERATE COMPLEXITY  INITIAL NURSING FACILITY VISIT - MODERATE COMPLEXITY	21+	\$77.70		\$62.16					
	INITIAL NURSING FACILITY VISIT - MIGDERATE COMPLEXITY	0-20	\$119.88	· ·	\$95.90					
	INITIAL NURSING FACILITY VISIT - HIGH COMPLEXITY	21+	\$99.90		\$79.92					
-	SUBSEQUENT NURSING FACILITY VISIT, PROBLEM	0-20	\$33.30	\$26.30	\$26.30					
	SUBSEQUENT NURSING FACILITY VISIT, PROBLEM	21+	\$27.39		\$20.30					
-	SUBSEQUENT NURSING FACILITY VISIT, FROBLEM SUBSEQUENT NURSING FACILITY VISIT, FROBLEM	0-20	\$50.20		\$40.16					
	SUBSEQUENT NURSING FACILITY VISIT - LOW COMPLEXITY	21+	\$41.83		\$33.46					
	SUBSEQUENT NURSING FACILITY VISIT - MODERATE COMPLEXITY	0-20	\$66.68	· ·	\$53.34					
	SUBSEQUENT NURSING FACILITY VISIT - MODERATE COMPLEXITY	21+	\$55.56	· ·	\$44.45					
-	SUBSEQUENT NURSING FACILITY VISIT - HIGH COMPLEXITY	0-20	\$98.59	\$78.87	\$78.87					
-	SUBSEQUENT NURSING FACILITY VISIT - HIGH COMPLEXITY	21+	\$82.17	\$65.74	\$65.74					
	NEW PATIENT ASSISTED LIVING VISIT (15 MINUTES )	0-20	\$44.73	·	\$35.78					
	NEW PATIENT ASSISTED LIVING VISIT (15 MINUTES )	21+	\$37.27	· ·	\$29.79					
	NEW PATIENT ASSISTED LIVING VISIT (30 MINUTES)	0-20	\$65.20	· ·	\$52.16					
	NEW PATIENT ASSISTED LIVING VISIT (30 MINUTES)	21+	\$54.34		\$43.47					
	NEW PATIENT ASSISTED LIVING VISIT (45 MINUTES)	0-20	\$107.86		\$86.29					
	NEW PATIENT ASSISTED LIVING VISIT (45 MINUTES)	21+	\$89.87	\$71.90	\$71.90					
	NEW PATIENT ASSISTED LIVING VISIT (60 MINUTES)	0-20	\$140.72	\$112.58	\$112.58					
	NEW PATIENT ASSISTED LIVING VISIT (60 MINUTES)	21+	\$117.27	\$93.82	\$93.82					
	NEW PATIENT ASSISTED LIVING VISIT (75 MINUTES)	0-20	\$165.74		\$132.59					
	NEW PATIENT ASSISTED LIVING VISIT (75 MINUTES)	21+	\$138.11	\$110.49	\$110.49					
	ESTABLISHED PATIENT ASSISTED LIVING VISIT (15 MINUTES)	0-20	\$46.04	\$36.83	\$36.83					
	ESTABLISHED PATIENT ASSISTED LIVING VISIT (15 MINUTES)	21+	\$38.37	\$30.70	\$30.70					
	ESTABLISHED PATIENT ASSISTED LIVING VISIT (25 MINUTES)	0-20	\$71.40	-	\$57.12					
	ESTABLISHED PATIENT ASSISTED LIVING VISIT (25 MINUTES)	21+	\$59.50	· ·	\$47.60					
	ESTABLISHED PATIENT ASSISTED LIVING VISIT (40 MINUTES)	0-20	\$100.66	·	\$80.53					
	ESTABLISHED PATIENT ASSISTED LIVING VISIT (10 MINUTES)	21+	\$83.88		\$67.10					
	ESTABLISHED PATIENT ASSISTED LIVING VISIT (40 MINUTES)	0-20	\$144.72	· ·						
	ESTABLISHED PATIENT ASSISTED LIVING VISIT (60 MINUTES)	21+	\$120.59		\$96.47					
	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	0-20	\$47.65	· ·	\$38.12					
	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	21+	\$47.65		\$38.12					
	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT - Effective 3/15/2		\$31.98			\$22.39	\$22.39	\$22.39	\$22.39	\$22.39
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES (NEUROPSYCH)	0-20	\$38.17	7 = 5 : 5 : 5	\$30.53	\$30.53	7==:00	7	7-2-10-0	7====
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES (NEUROPSYCH)	21+	\$38.17		\$30.53	\$30.53				
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	0-20	\$38.17		\$30.53	\$30.53				
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	21+	\$38.17		\$30.53	\$30.53				
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)	0-20	\$25.04		\$25.04					
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)	21+	\$25.04		\$25.04	\$25.04				
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	0-20	\$25.04		\$25.04	\$25.04				
96139 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	21+	\$25.04		\$25.04					
96146 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)	0-20	\$46.15		\$46.15	\$46.15				
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)	21+	\$46.15		\$46.15	\$46.15				
-	NEW PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (15-29 Min)	10-59	\$47.01			·				
	NEW PATIENT - DETAILED (PRENATAL/POST PARTUM) (30-44 Min)	10-59	\$68.35							
99204 TH	NEW PATIENT - COMPREHENSIVE MODERATE COMPLEXITY (PRENATAL/POST PARTUM) (45-59 Min)	10-59	\$106.15							
99205 TH	NEW PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (60-74 Min)	10-59	\$134.33							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM)	10-20	\$13.78							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM)	21-59	\$23.43							
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10-19 Min)	10-20	\$27.29							
	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10-19 Min)	21-59	\$46.39							
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (20-29 Min)	10-20	\$45.65							
	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (20-29 Min)	21-59	\$77.61							
	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTUM) (30-39 Min)	10-20	\$67.88							
	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTUM) (30-39 Min)	21-59	\$115.40							
	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40-54 Min)	10-20	\$93.37							
	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40-54 Min)	21-59	\$158.73							
	ALCOHOL AND/OR DRUG SCREENING	0-20	\$14.78	\$11.82	\$11.82					
	ALCOHOL AND/OR DRUG SCREENING	21+	\$14.78							
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	0-20	\$34.50	\$27.60	\$27.60					
	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	21+	\$34.50							
*Age and pr	ovider type modifiers are not applicable to FQHC/RHC claims.									

<sup>\*</sup>Age and provider type modifiers are not applicable to FQHC/RHC claims.

<sup>\*\*</sup> CPT code 99417 for 15 minutes of prolonged care, done on the same day as office/outpatient codes 99205 or 99215.

# SPECIALIZED BEHAVIORAL HEALTH SERVICES - HCPCS CODES

				Age	Master's	Bachelor's	Less than	
Code	Description	Modifier*	Unit	HA = Child HB = Adult	Level (HO)	Level (HN)	Bachelor's (HM)	Other Per Diem
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	iviouinei	Visit	0+	\$65.27	\$65.27	\$43.44	rei Dieiri
H0004	ALCOHOL AND/OR DRUG SERVICES - INDIVIDUAL	HF	Visit	0+	\$42.38	\$42.38	\$34.25	
H0005	ALCOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON)	HQ	Visit	0+ 0+	\$9.23	\$9.23	\$6.52	
H0005 H0011	ALCOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM	HR, HS	Visit Day	21+	\$21.53	\$21.53	\$15.23	\$290.00
H0011	ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD**	SE	Day	21+				\$43.50
H0012	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM		Day	0-20				\$72.15
H0012	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM	C.F.	Day	21+				\$72.15
H0012 H0015	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD**  ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL	SE	Day 15 min	21+	\$16.17	<del>\$16.17</del>	<del>\$11.44</del>	\$17.85
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022	HQ	15 min	0-20	\$12.00	\$12.00	\$8.00	
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP	HQ	15 min	<del>21+</del>	<del>\$12.00</del>	<del>\$12.00</del>	<del>\$8.00</del>	
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP	НО	Day	0+				\$144.00
H0015 H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP	HM	Day Day	0+				\$144.00 \$96.00
H0018	THERAPEUTIC GROUP HOME PER DIEM	11101	Day	0-20				\$178.39
H0018	THERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING	НН	Day	0-20				\$178.39
H0018	THERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS	HK	Day	0-20				\$178.39
H0019	BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3  BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD**	HF CF UF	Day	21+				\$83.50
H0019 H0020	ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20	SE, HF	Day Day	21+ 0+				\$21.50 \$16.33
H0020	ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20	U8	Day	0+				\$16.33
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE		15 min	0+	\$18.06	\$14.87		
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY	U8	15 min	0+	\$20.28	\$16.85		
H0036 H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY	HK	15 min 15 min	0+ 0+	\$37.03 \$38.55	\$30.61 \$31.70		
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	TG	15 min	0+	\$19.00	\$15.60	\$15.60	
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	0+	\$21.30	\$17.70		
H0038	PEER SUPPORT SERVICES		15 min	21+	\$12.61	\$12.61	\$12.61	
H0038	PEER SUPPORT SERVICES - GROUP Effective 10/5/22	HQ	15 min	21+	\$1.26	\$1.26	\$1.26	
H0039 H0039	ASSERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*  ASSERTIVE COMMUNITY TREATMENT - PHYSICIAN PER DIEM*	AM	Day Day	18-20 18-20	\$151.11	\$112.63	\$86.04	\$373.88
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	U1	Month	21+				\$1,100.00
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	U2	Month	21+				\$900.00
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	U3	Month	21+				\$750.00
H0039 H0045	ASSERTIVE COMMUNITY TREATMENT - SUBSEQUENT MONTHS***  CRISIS STABILIZATION – INDIVIDUAL - Effective 10/01/16	НΛ	Month Day	21+ 0-20				\$1,100.00 \$180.00
H0047	ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE) - Effective 1/20/20		Day	0+				\$15.86
H0047	ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE - TAKE HOME) - Effective 1/20/20	U8	Day	0+				\$15.86
H2011	CRISIS INTERVENTION FOLLOW UP		15 min	0-20	\$31.69	\$31.69	\$23.17	
H2011 H2013	CRISIS INTERVENTION FOLLOW UP PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF	1	15 min	21+ 0-20	\$31.69	\$31.69	\$23.17	\$335.49
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED)	TG	Day Day	0-20				\$335.49
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM 3.7)	TG, HF	Day	0-20				\$335.49
H2017	PSYCHOSOCIAL REHABILITATION INDIVIDUAL OFFICE		15 min	0+	\$10.99	\$10.99	\$10.99	
H2017	PSYCHOSOCIAL REHABILITATION INDIVIDUAL COMMUNITY PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL OFFICE	U8 TG	15 min 15 min	0+ 0+	\$12.67 \$10.99	\$12.67 \$10.99	\$12.67 \$10.99	
H2017 H2017	PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY  PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	0+	\$10.99	\$10.99	\$10.99	
H2017	PSYCHOSOCIAL REHABILITATION GROUP OFFICE	HQ	15 min	0-20	\$2.20	\$2.20	\$2.20	
H2017	PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY	U8, HQ	15 min	0-20	\$2.53	\$2.53	\$2.53	
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP OFFICE	TG, HQ	15 min	0-20	\$2.20	\$2.20	\$2.20	
H2017 H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY PSYCHOSOCIAL REHABILITATION GROUP OFFICE	TG, U8, HQ HQ	15 min 15 min	0-20 21+	\$2.53 \$1.37	\$2.53 \$1.37	\$2.53 \$1.37	
H2017	PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY	U8, HQ	15 min	21+	\$1.59	\$1.59	\$1.59	
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP OFFICE	TG, HQ	15 min	21+	\$1.37	\$1.37	\$1.37	
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY	TG, U8, HQ	15 min	21+	\$1.59	\$1.59	\$1.59	
H2033 H2034	MULTI SYSTEMIC THERAPY - 12 - 17 YEAR OLD TARGET POPULATION  ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1	-	15 min Day	0-20 0-20	\$36.01	\$30.23		\$60.15
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1  ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1		Day	21+				\$70.30
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 ROOM AND BOARD**	SE	Day	21+				\$14.70
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5		Day	0+				\$212.47
H2036 H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 ROOM AND BOARD** ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7	SE TG	Day	21+				\$31.62 \$290.00
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD**	SE, TG	Day Day	21+				\$56.26
J0571	BUPRENORPHINE, ORAL, 1 MG - Effective 1/20/20	52,10	1mg	0+				\$0.11
J0571	BUPRENORPHINE, ORAL, 1 MG (TAKE HOME) - Effective 1/20/20	RD	1mg	0+				\$0.11
J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG - Effective 1/20/20	l DD	One Dose	0+				\$4.59
J0572 J0573	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG (TAKE HOME) - Effective 1/20/20 BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG - Effective 1/20/20	RD	One Dose One Dose	0+ 0+				\$4.59 \$8.21
J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose	0+				\$8.21
J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG - Effective 1/20/20		One Dose	0+				\$8.21
J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose	0+				\$8.21
J0575 J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG - Effective 1/20/20 BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose One Dose	0+ 0+				\$16.42 \$16.42
S9485	CRISIS INTERVENTION PER DIEM	110	Day	0-20	\$353.65	\$353.65	\$278.05	710.42
S9485	CRISIS INTERVENTION PER DIEM		Day	21+	\$353.65	\$353.65	\$278.05	
*Note: Age and	degree level modifiers can be added as applicable, and are indicated in columns E-H. Licensed Mental Health Professionals should bill accordingly. These modifiers are not applicable to FQI	HC/RHC claims.	_	_	_		_	_

<sup>\*</sup>Note: Age and degree level modifiers can be added as applicable, and are indicated in columns E-H. Licensed Mental Health Professionals should bill accordingly. These modifiers are not applicable to FQHC/RHC claims.

\*\*Note: Room and Board is not a State Plan service, but was historically covered under LBHP at the rates listed.

V15 10/28/2022

<sup>\*\*\*</sup>In alignment with the methodology used by Medicaid, ACT services should be billed based on the Medicaid Recipient's age as of the first of the month. The youth per diem would be used for the entirety of the month during which the youth turns 21, and the adult per member per month would be used beginning with the month subsequent to the recipient's birth month.

	SPECIALIZED SERVICES FOR ADULTS WITH SERIOUS MENTAL ILLNESS						
Code	Description Modifier Unit RATE						
S5125	PERSONAL CARE SERVICES (BILLABLE FOR < 28 UNITS/DAY) - Effective 2/21/22		15 Minutes	\$6.78			
S5126	PERSONAL CARE SERVICES (BILLABLE FOR <u>&gt;</u> 28 UNITS/DAY) - Effective 2/21/22		Per Diem	\$189.84			
H2024	INDIVIDUAL PLACEMENT AND SUPPORT (BILLABLE PER ENCOUNTER) - Effective 2/21/22 Encounter \$62.50						
H2024	NDIVIDUAL PLACEMENT AND SUPPORT (BILLABLE WHEN > 6 ENCOUNTERS PER MONTH) - Effective 2/21/22 TG PMPM \$406.26						

### **ADULT CRISIS SERVICES**

Code	Description	Modifier	Unit	RATE
S9485	MOBILE CRISIS RESPONSE - INITIAL CONTACT - Effective 3/1/22	TG, U8	Per Diem	\$360.97
H2011	MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP - Effective 3/1/22	TG, 95	15 Minutes	\$19.44
H2011	MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - Effective 3/1/22	TG, U8	15 Minutes	\$26.06
H2011	COMMUNITY BRIEF CRISIS SUPPORT - Effective 3/1/22	НК	15 Minutes	\$27.14
S9484	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY) - Effective 4/1/22	НК	One Hour	\$85.53
S9485	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR > 4 HOURS/DAY) - Effective 4/1/22	НК	Per Diem	\$342.12
S9484	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY) - Effective 4/1/22	TG	One Hour	\$119.64
S9485	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR > 4 HOURS/DAY) - Effective 4/1/22	TG	Per Diem	\$478.56
H0045	CRISIS STABILZATION - INDIVIDUAL Effective 7/1/22	TG	Day	\$664.67

	SPECIALIZED BEHAVIORAL HEALTH SERVICES - RATES EFFECTIVE JANUARY 1, 2023*						
					Master's	Bachelor's	Grandfathered
				Universal	Level	Level	HS Diploma
Code	Description	Modifier	Unit	Rate	(HO)	(HN)	(HM)
96156	HEALTH BEHAVIOR ASSESSMENT, OR REASSESSMENT - CPST (COMMUNITY)	TG	Visit	\$128.58			
96156	HEALTH BEHAVIOR ASSESSMENT, OR REASSESSMENT - CPST (OFFICE)	TG, U8	Visit	\$163.26			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - INDIVIDUAL OFFICE		15 min	\$21.43			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - INDIVIDUAL COMMUNITY	U8	15 min	\$27.21			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	TG	15 min	\$22.50			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	\$28.57			
H2017	PSYCHOSOCIAL REHABILITATION - INDIVIDUAL OFFICE		15 min		\$14.87	\$12.01	\$10.99
H2017	PSYCHOSOCIAL REHABILITATION - INDIVIDUAL COMMUNITY	U8	15 min		\$20.28	\$14.14	\$12.67
H2017	PSYCHOSOCIAL REHABILITATION - PSH INDIVIDUAL OFFICE	TG	15 min		\$15.61	\$12.61	\$11.54
H2017	PSYCHOSOCIAL REHABILITATION - PSH INDIVIDUAL COMMUNITY	TG, U8	15 min		\$21.29	\$14.85	\$13.30
H2017	PSYCHOSOCIAL REHABILITATION - GROUP OFFICE	HQ	15 min	\$2.40			
H2017	PSYCHOSOCIAL REHABILITATION - GROUP COMMUNITY	HQ, U8	15 min	\$2.76			
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP OFFICE	HQ, TG	15 min	\$2.52			
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY	HQ, TG, U8	15 min	\$2.90			
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF						
	Louisiana Methodist Children's Home - Greater New Orleans Effective 1/1/2023		Per Diem	\$496.95			
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF						
	Louisiana Methodist Children's Home - Ruston Effective 1/1/2023		Per Diem	\$448.73			
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF						
	Louisiana Methodist Children's Home - Sulphur Effective 1/1/2023		Per Diem	\$547.00			

<sup>\*</sup>These rates are NOT effective until dates of service on or after 01/01/2023.

## SPECIALIZED BEHAVIORAL HEALTH SERVICES - PROVIDER SPECIFIC RATES

Code	Description	Provider Name	Modifier	Unit	Rate
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION BY PSYCHIATRIST	Addiction Counseling and Educational Resources, Inc.	AF	Visit	\$150.00
H0014	ALCOHOL AND/OR DRUG SERVICES - AMBULATORY DETOXIFICATION	Addiction Counseling and Educational Resources, Inc.		Day	\$225.00
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL	Addiction Counseling and Educational Resources, Inc.	НМ	15 min.	\$25.00
H0012	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL	Addiction Counseling and Educational Resources, Inc.	HN or HO	15 min.	\$25.00
	PSYCHOSOCIAL REHABILITATION GROUP OFFICE	VOA North Louisiana	HB,HQ	15 min.	\$2.10
	PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY	VOA North Louisiana	HB,HQ	15 min.	\$2.10
H2017	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	VOA North Louisiana	HB,U1	Month	\$900.00
112017	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	VOA North Louisiana	HB,U2	Month	\$600.00
	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	VOA North Louisiana	HB,U3	Month	\$300.00
	PSYCHOSOCIAL REHABILITATION - SUBSEQUENT MONTHS	VOA North Louisiana	НВ	Month	\$900.00
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/18	Louisiana Methodist Children's Home - Greater New Orleans		Day	\$456.62
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/18	Louisiana Methodist Children's Home - Ruston		Day	\$421.15
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/18	Louisiana Methodist Children's Home - Sulphur		Day	\$501.70

Modifier	Description
U1	1st - 10th calendar day of the month
U2	11th - 20th calendar day of the month
U3	21st - 31st calendar day of the month

#### SPECIALIZED BEHAVIORAL HEALTH SERVICES - COORDINATED SYSTEM OF CARE

	Effective 12.1.15, unless noted otherwise			
Code	Description	Modifier	Unit	Rate
S5110	PARENT SUPPORT AND TRAINING – INDIVIDUAL* Effective 11/01/2018		15 min.	\$12.91
S5110	PARENT SUPPORT AND TRAINING – GROUP	HQ	15 min.	\$3.23
H0038	YOUTH SUPPORT AND TRAINING – INDIVIDUAL* Effective 11/01/2018		15 min.	\$12.91
H0038	YOUTH SUPPORT AND TRAINING – GROUP	HQ	15 min.	\$3.23
H2014	INDEPENDENT LIVING/SKILLS TRAINING – INDIVIDUAL		15 min.	\$7.80
S5150	SHORT TERM RESPITE CARE – INDIVIDUAL		15 min.	\$3.90
			Visit of 30	
99367	CASE CONFERENCE - PARTICIPATION BY PHYSICIAN	HA	min. or	
			more	\$9.86
99368	CACE CONFEDENCE DARTICIDATION BY MON BUYCICIAN OUTALIFIED HEALTH		Visit of 30	
	CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH		min. or	
	CARE PROFESSIONAL		more	\$9.86

<sup>\*</sup>FSO will use this code for attendance at CFT meetings for CSoC members. Family Support Organization workers attending child and family team meetings for the purposes of developing a treatment plan may bill for their participation time when the client/guardian is in attendance at the meeting and the development of the treatment plan is required for Medicaid.

		COMMONLY USED MODIFIERS FOR BILLING
AF	PSYCHIATRIST	Used to bill for services provided by a Psychiatrist
AH	CLINICAL PSYCHOLOGIST	Used to bill for services provided by a Psychologist
AJ	CLINICAL SOCIAL WORKER	Used to bill for services provided by a LCSW
AM	PHYSICIAN, TEAM MEMBER SERVICE	Used to bill Physician's rate for ACT - H0039
SA	APRN, CNS, PHYSICIANS ASSISTANT	Used to bill for services provided by an APRN, CNS or PA
GC	RESIDENT	Used to bill for services provided by a Resident
95	TELEMEDICINE	Used to bill for services (CPT code) provided via telehealth MUST include the combination of Place of Service (POS) = 02 or 10 AND Modifier 95
НА	CHILD/ADOLESCENT PROGRAM	Used to bill for a service provided to a child or adolescent to distinguish rate
НВ	ADULT PROGRAM	Used to bill for a service provided to an adult to distinguish rate
HE	MENTAL HEALTH PROGRAM	Used to bill CPST - Functional Family Therapy - H0036
HF	SUBSTANCE USE PROGRAM	Used to bill ASAM 3.3 - H0019
HF	SUBSTANCE USE PROGRAM	Used to bill for Alcohol and/or Drug Services Individual provided by an unlicensed provider - H0004
HH	INTEGRATED MENTAL HEALTH/SUBSTANCE USE PROGRAM	Used to bill TGH - Co-occurring - H0018
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill CPST - Homebuilders - H0036
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill TGH - Sexual Offenders - H0018
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill CBCS and BHCC/BHS - H2011, S9484, S9485
НМ	LESS THAN BACHELORS DEGREE LEVEL	Used to bill for clinician with less than a Bachelors degree
HN	BACHELORS DEGREE LEVEL	Used to bill for clinician with a Bachelors degree
НО	MASTERS DEGREE LEVEL	Used to bill for clinician with a Masters degree
HP	DOCTORAL DEGREE LEVEL/MEDICAL PSYCHOLOGIST	Used to bill for services provided by a Medical Psychologist, effective 7/1/16
HQ	GROUP SETTING	Used to bill for services provided in a group setting
HR	FAMILY/COUPLE WITH CLIENT PRESENT	Used to bill family therapy specifically - H0005
HS	FAMILY/COUPLE WITHOUT CLIENT PRESENT	Used to bill family therapy specifically - H0005
RD	DRUG PROVIDED TO BENEFICIARY, BUT NOT ADMINISTERED	Used to bill take home doses of Buprenorphine - J0571, J0572, J0573, J0574, J0575
SE	STATE AND/OR FEDERALLY-FUNDED PROGRAMS/SERVICES	Used to bill for room and board for residential treatment for adults
TD	REGISTERED NURSE	Used to bill for services provided by a Registered Nurse
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill for ASAM 3.7 - H2036
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill Specialized PRTF - H2013
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill 3.7-WM - H0011
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used with 'HF' modifier to bill PRTF providing ASAM 3.7 - H2013
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill CPST and PSR under Permanent Supportive Housing (PSH) - H0036, H2017
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill Neuropsychological Testing Codes - 96136, 96137, 96138, 96139, 96146
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill MCR, CBCS and BHCC/CRC - H2011, S9484, S9485
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill IPS PMPM - H2024
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill Crisis Stablization for adults - H0045 Effective 7/1/22
TH	OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM	Used to bill for services provided prenatally or postpartum (Age 10-59)
TS	FOLLOW UP SERVICES	Used to bill for services provided subsequent to initial service billed
U8	SERVICES PROVIDED IN NATURAL ENVIRONMENT	Used to bill for services provided in the community - H0036, H2017, H0020, H0047, H2011