SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes (V2 Effective 1.1.18)

	SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes (V2 Effective 1.1.18)									
				4 DDA 1 (CN C /D :	Medical		1.00147			
Code	Description	Age	Psychiatrist	APRN/CNS/PA	Psychologist	Psychologist	LCSW	LPC	LMFT	LAC
	Modifier >	HA=Child HB=Adult	AF	SA	НР	АН	AJ	НО	НО	HF
90785	INTERACTIVE COMPLEXITY, ADD ON	0-20	\$3.44	\$2.75	\$2.75		\$2.41	\$2.41	\$2.41	
90785	INTERACTIVE COMPLEXITY, ADD ON	21+	\$3.44	\$2.75	\$2.75	\$2.75	\$2.41	\$2.41	\$2.41	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	0-20	\$108.39	\$86.71	\$86.71	\$86.71	\$75.87	\$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	\$92.50					
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	21+	\$108.39	\$75.86	\$86.71					
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	0-20	\$47.65	\$38.12	\$38.12	\$38.12	\$33.36	\$33.36	\$33.36	\$33.36
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	21+	\$47.65	\$38.12	\$38.12	\$38.12	\$33.36	\$33.36	\$33.36	\$33.36
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON	0-20	\$30.24	\$24.19	\$24.19					
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON	21+	\$43.60	\$30.52	\$34.88					
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	0-20	\$67.08	\$53.66	\$53.66	\$53.66	\$46.96	\$46.96	\$46.96	\$46.96
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	21+	\$69.76	\$55.81	\$55.81	\$55.81	\$48.83	\$48.83	\$48.83	\$48.83
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON	0-20	\$49.13	\$39.30	\$39.30					
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON	21+	\$50.31	\$40.25	\$40.25					
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	0-20	\$98.78	\$79.02	\$79.02	\$79.02	\$69.15	\$69.15	\$69.15	
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	21+	\$76.74	\$61.39	\$61.39	\$61.39	\$53.72	\$53.72	\$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	\$45.62	\$45.62					
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	0-20	\$123.60	\$98.88	\$98.88	\$98.88	\$86.52	\$86.52	\$86.52	\$86.52
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	21+	\$125.53	\$100.42	\$100.42		\$87.87	\$87.87	\$87.87	
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	0-20	\$61.50	\$49.20	\$49.20		\$43.05	\$43.05	\$43.05	
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	21+	\$50.21	\$40.17	\$40.17		\$35.15	\$35.15	\$35.15	
90845	MEDICAL PSYCHOANALYSIS	0-20	\$58.98	Ų 1011 <i>7</i>	Ų 10127	ψ 1012 <i>7</i>	ψ55.15	ψ33.13	ψ33.13	φ55.15
90845	MEDICAL PSYCHOANALYSIS	21+	\$58.98							
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	0-20	\$62.62	\$50.10	\$50.10	\$50.10	\$43.83	\$43.83	\$43.83	\$43.83
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	21+	\$62.62	\$50.10	\$50.10			\$46.79		
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	0-20	\$77.67	\$62.14	\$62.14		\$54.37	\$54.37	\$54.37	
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	21+	\$77.67	\$62.14	\$62.14		\$54.37	\$54.37		
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	0-20	\$23.23	\$18.58	\$18.58			Ç54.57	754.57	Ş34.57
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	21+	\$23.23	\$18.58	\$18.58					
90853	GROUP PSYCHOTHERAPY	0-20	\$22.05	\$17.64	\$17.64	\$17.64	\$15.44	\$15.44	\$15.44	\$15.44
90853	GROUP PSYCHOTHERAPY	21+	\$22.05	\$17.64	\$17.64		\$15.44	\$15.44	\$15.44	
90863	PHARMACOLOGIC MANAGEMENT ADD ON	0-20	Ş22.03	717.04	\$31.13		Ş13.44	Ş13.44	715.44	Ş13.44
90863	PHARMACOLOGIC MANAGEMENT ADD ON	21+			\$52.92					
90870	ELECTROCONVULSIVE THERAPY	0-20	\$94.84		Ş32.32					
90870	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 20-30 MINUTES	0-20	\$74.34							
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	21+	\$74.34							
90880	MEDICAL HYPNOTHERAPY	0-20	\$75.96	\$60.77	\$60.77					
90880		21+	\$75.96	\$60.77						
	MEDICAL HYPNOTHERAPY	0-20		\$00.77	\$60.77	\$48.67				
96101	PSYCHOLOGICAL TESTING WITH INTERPRET FACE TO FACE	0-20 21+	\$60.84		\$48.67					
96101	PSYCHOLOGICAL TESTING WITH INTERPRET FACE TO FACE		\$60.84		\$48.67	\$48.67				
96102	PSYCHOLOGICAL TESTING WITH INTERPRET TECHNICIAN	0-20	\$34.79		\$34.79	\$34.79				
96102	PSYCHOLOGICAL TESTING WITH INTERPRET TECHNICIAN	21+	\$34.79		\$34.79					
96103	PSYCHOLOGICAL TESTING WITH INTERPRET COMPUTER	0-20	\$31.63		\$31.63	\$31.63				
96103	PSYCHOLOGICAL TESTING WITH INTERPRET COMPUTER	21+	\$31.63		\$31.63	\$31.63				
96105	ASSESSMENT OF APHASIA	0-20	\$47.82							
96105	ASSESSMENT OF APHASIA	21+	\$47.82							

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes (V2 Effective 1.1.18)

	SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes (V2 Effective 1.1.18)									
Code	Description	Age	Psychiatrist	APRN/CNS/PA	Medical Psychologist	Psychologist	LCSW	LPC	LMFT	LAC
96116	NEUROBEHAVIORAL STATUS EXAMINATION,	0-20	\$68.14	AFRIN/CN3/FA	rsychologist	rsychologist	LC3VV	LFC	LIVII	LAC
96116	NEUROBEHAVIORAL STATUS EXAMINATION,	21+	\$68.14							
96118	PSYCHOLOGICAL TESTING WITH INTERPRET FACE TO FACE	0-20	\$76.33		\$61.06	\$61.06				
96118	PSYCHOLOGICAL TESTING WITH INTERPRET FACE TO FACE	21+	\$76.33		\$61.06					
96119	PSYCHOLOGICAL TESTING WITH INTERPRET TECHNICIAN	0-20	\$50.08		\$40.06					
96119	PSYCHOLOGICAL TESTING WITH INTERPRET TECHNICIAN	21+	\$50.08		\$50.08					
96120	PSYCHOLOGICAL TESTING WITH INTERPRET COMPUTER	0-20	\$46.15		\$36.92	\$36.92				
96120	PSYCHOLOGICAL TESTING WITH INTERPRET COMPUTER	21+	\$46.15		\$46.15					
96150	ASSESS HLTH/BEHAVE, INIT	0-20	\$13.10	\$10.48	\$10.48					
96150	ASSESS HLTH/BEHAVE, INIT	21+	\$16.37	Ş10. 4 0	\$13.10	\$13.10				
96151	ASSESS HLTH/BEHAVE, SUBSEQ	0-20	\$10.57	\$10.14	\$10.14					
96151	ASSESS HLTH/BEHAVE, SUBSEQ	21+	\$15.84	710.14	\$12.67	\$12.67				
96152	INTERVENE HLTH/BEHAVE, INDIV	0-20	\$12.06		\$9.65	\$9.65				
96152	INTERVENE HETH/BEHAVE, INDIV	21+	\$15.08		\$12.06					
96153	INTERVENE HLTH/BEHAVE, GROUP	0-20	\$2.89		\$2.31	\$12.00				
96153	INTERVENE HLTH/BEHAVE, GROUP	21+	\$3.61		\$2.89					
96153	INTERVENE ALTH/BEHAV, FAM W/PT	0-20	\$11.85		\$2.89					
96154	INTERV HLTH/BEHAV, FAM W/PT	21+	\$11.83		\$11.84	\$11.84				
96154	INTERV HLTH/BEHAV FAM NO PT	0-20	\$14.80		\$11.84	\$11.84				
96155	INTERV HLTH/BEHAV FAM NO PT	21+	\$15.96		\$10.21	\$10.21				
96372	, ,	0-20	\$15.96	\$17.34	\$12.77					
	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	21+		·	· · · · · · · · · · · · · · · · · · ·					
96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION		\$21.68	\$16.26	\$16.26					
99201	NEW PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	0-20	\$25.36	\$20.29	\$20.29					
99201	NEW PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	21+	\$25.36	\$20.29	\$20.29					
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20 Min)	0-20	\$44.08	\$35.26	\$35.26					
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20 Min)	21+	\$44.08	\$35.26	\$35.26					
99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)	0-20	\$64.08	\$51.26	\$51.26					
99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)	21+	\$64.08	\$51.26	\$51.26					
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45 Min)	0-20	\$99.52	\$79.62	\$79.62					
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45 Min)	21+	\$99.52	\$79.62	\$79.62					
99205	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60 Min)	0-20	\$125.53	\$100.42	\$100.42					
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60 Min)	21+	\$125.53	\$100.42	\$100.42					
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS (5 Min)	0-20	\$12.73	\$10.18	\$10.18					
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS (5 Min)	21+	\$21.64	\$21.64	\$17.31					
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	0-20	\$27.29	\$21.83	\$21.83					
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	21+	\$46.39	\$37.11	\$37.11					
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15 Min)	0-20	\$42.80	\$34.24	\$34.24					
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15 Min)	21+	\$72.76	\$58.21	\$58.21					
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (25 Min)	0-20	\$64.57	\$51.66	\$51.66					
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (25 Min)	21+	\$109.77	\$87.82	\$87.82					
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 Min)	0-20	\$93.37	\$74.70	\$74.70					
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 Min)	21+	\$158.73	\$126.98	\$126.98					
99218	HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min)	0-20	\$44.91	\$35.93	\$35.93					
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					
99220	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min)	0-20	\$104.35	\$83.48	\$83.48					
99220	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min)	21+	\$104.35	\$83.48	\$83.48					
99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	0-20	\$64.43	\$51.54	\$51.54					
99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	21+	\$64.43	\$51.54						
99222	INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)	0-20	\$87.95	\$70.36	\$70.36					
99222	INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)	21+	\$87.95	\$70.36						

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes (V2 Effective 1.1.18)

	SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes (V2 Effective 1.1.18)									
					Medical					
Code	Description	Age				Psychologist	LCSW	LPC	LMFT	LAC
99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)	0-20	\$129.38	\$103.50	\$103.50					
99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)	21+	\$129.38	\$103.50						
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min)	0-20	\$26.60	\$21.28	\$21.28					
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min)	21+	\$26.60	\$21.28	\$21.28					
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)	0-20	\$47.84	\$38.27	\$38.27					
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)	21+	\$47.84	\$38.27	\$38.27					
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)	0-20	\$68.56	\$54.85	\$54.85					
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)	21+	\$68.56	\$54.85	\$54.85					
99234	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)	0-20	\$91.00	\$72.80	\$72.80					
99234	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)	21+	\$91.00	\$72.80	\$72.80					
99235	HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)	0-20	\$119.53	\$95.62	\$95.62					
99235	HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)	21+	\$119.53	\$95.62	\$95.62					
99236	HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min)	0-20	\$148.52	\$118.82	\$118.82					
99236	HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min)	21+	\$148.52	\$118.82	\$118.82					
99238	HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min)	0-20	\$47.25	\$37.80	\$37.80					
99238	HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min)	21+	\$47.25	\$37.80	\$37.80					
99239	HOSPITAL DISCHARGE DAY (>30 Min)	0-20	\$68.71	\$54.97	\$54.97					
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	21+	\$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					
99408	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	0-20	\$47.65	\$38.12	\$38.12					
99408	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	21+	\$47.65	\$38.12	\$38.12					
99201 TH	NEW PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10 Min)	10-59	\$27.04	,	, -					
99202 TH	NEW PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (20 Min)	10-59	\$47.01							
99203 TH	NEW PATIENT - DETAILED (PRENATAL/POST PARTUM) (30 Min)	10-59	\$68.35							
	NEW PATIENT - COMPREHENSIVE MODERATE COMPLEXITY (PRENATAL/POST PARTUM) (45 Min)	10-59	\$106.15							
99205 TH	NEW PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (60 Min)	10-59	\$134.33							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM) (5 Min)	10-20	\$13.78							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM) (5 Min)	21-59	\$23.43							
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10 Min)	10-20	\$27.29							
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10 Min)	21-59	\$46.39							+
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (15 Min)	10-20	\$45.65							
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTOM) (15 Min)	21-59	\$77.61							
99214 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTUM) (25 Min)	10-20	\$67.88							
99214 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTOM) (25 Min)	21-59	\$115.40							
99214 TH 99215 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTOM) (25 MIII) ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40 Min)	10-20	\$93.37							
99215 TH	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40 Min)	21-59	\$158.73							
H0049		0-20		\$11.82	¢11.03					
H0049	ALCOHOL AND/OR DRUG SCREENING	21+	\$14.78	\$11.82	\$11.82					
H0049	ALCOHOL AND/OR DRUG SCREENING	0-20	\$14.78 \$34.50	\$27.60	\$27.60					
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	21+	\$34.50 \$34.50	\$27.60	\$27.60					
поозо	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	21+	\$34.50							

SPECIALIZED BEHAVIORAL HEALTH SERVICES - HCPC CODES (V2 Effective 1.1.18)

Code Description		SPECIALIZED BEHAVIORAL HEALTH SERVICES - HC	PC CODES (V2 Eff	ective 1.1.	18)				
HIDDOS ALCOHOL AND/OR BUG SENICES - ORDOPER PERSON)	Code	Description	Modifier*	Unit	HA=Child			Bachelor's	
HIDDOS ALCOHOL AND/OR BUG SENICES - ORDOPER PERSON)	H0001	ALCOHOL AND/OR DRUG ASSESSMENT		Visit	0+	\$65.27	\$65.27	\$43.44	
HIGHOS ALCOHOL, AND/ORD BRUGS SERVICES - GROUP PER PERSON		,	HE						
HOUSE ALCOHOL ANG/OR DRUG SERVICES - APRILY CIPER AMILY MEMBER) HIN, HS VIST 0 \$22.13 \$21.33 \$21.52 \$29.00									
HEDSIL ALCONIC ANG/OR BRUG STRUCES - ACUTI DETOX 3 7-VM PROM AND BOARDS** SE									
HOD12 ALCONOL ANI/OR DRUG SERVICES - ACUTE DETON 3 2-WM NO.						ψ 21 .55	Ų21.55	Ų13.E3	\$290.00
HODI2 ALCOHOL ANJORD BOUG SERVICES -SUBACUTE DETOX 3.2 MAN									
HODID2 ALCOHOL AND/OR DRIUG SERVICES SUBACUTE DETOR 3.2 VM BOOM AND RODARD			J.						
MODIS ALCONIC AND/OR DRUG SERVICES SYMACUTE DETOX 3.2 WM BOOM AND BOARD** 5 mm 0									
MODIS ALCONIC AND/OR DRUG SENVICES INTENSIVE OUTPATENT 2.1 GROUP		,	CF.	<u> </u>					
HODS ALCOHOL AND/ORD BULD SERVICES - INTERSINE CUPTATIENT 2.1 GROUP			JE.			Ć1C 17	646.47	644.44	\$17.03
MODIS THERAPTURG GROUP HOME PER DEMM		,	110						
THERAPEUTIC GROUP HOME PER DIEM		,			1				
HIGHORS THERAPEUTIC GROUP FORMER PER JUNE - SEXUAL OFFENDERS HK Day 0.20			HQ			\$12.00	\$12.00	\$8.00	0454.00
HICKAPEUTIC GROUP HOME PER DIEM - SEXUAL OF PER D									
HO059 BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3°* S83.50									
HO036 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE 1.5 min 0+ \$18.06 \$18.85 \$16.8									
H0366 COMMUNITY PSYCHATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY U8					1				
H0036 COMMUNITY PSYCHATRIC SUPPORTIVE TREATMENT HONDIDUAL COMMUNITY US			SE, HF						\$21.50
H036 COMMUNITY PSYCHATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE		15 min	0+	\$18.06	\$14.87		
H0036 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY	H0036			15 min	0+	\$20.28	\$16.85	\$16.85	
H0036 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE TG 15 min 0+ \$13.00 \$15.60 \$15.	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS	HK		0+	\$37.03	\$30.61		
H0036 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY TG, U8 15 min 0	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY	HE	15 min	0+	\$38.55	\$31.70		
H0039 ASSERTIVE COMMUNITY TERATMENT - NON PHYSICIAN PER DIEM Day 18-20 S151.11 S112.63 \$86.04	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	TG		0+	\$19.00	\$15.60	\$15.60	
MO39 ASSERTIVE COMMUNITY TREATMENT - PHYSICIAN PER DIEM Month 21+	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	0+	\$21.30	\$17.70	\$17.70	
MO39 ASSERTIVE COMMUNITY TREATMENT - 15T MONTH IF ENROLLED 1-120TH DAY OF MONTH U2 Month	H0039	ASSERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM		Day	18-20	\$151.11	\$112.63	\$86.04	
H0039 ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH U2 Month 21+ 5750.00 H0039 ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH U3 Month 21+ 5750.00 H0045 CRISIS STRABULZATION - IDDIVIDUAL - EFFECTIVE 10/01/16 HA Day 0-20 S31.69 S31.69 S23.17 H2011 CRISIS INTERVENTION FOLLOW UP 15 min 21+ S31.69 S31.69 S23.17 H2011 CRISIS INTERVENTION FOLLOW UP 15 min 21+ S31.69 S31.69 S23.17 H2013 PSYCHATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF PSYCHATRIC HEALTH FACILITY SERVICE PER D	H0039	ASSERTIVE COMMUNITY TREATMENT - PHYSICIAN PER DIEM	AM	Day	18-20				\$373.88
HO039 ASSERTIVE COMMUNITY TREATMENT - ST MONTH IF ENROLED 21-31ST DAY OF MONTH U3 Month 21+ S150.00	H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	U1	Month	21+				\$1,100.00
MOSTE MOST	H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	U2	Month	21+				\$900.00
MOSTE MOST	H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	U3	Month	21+				\$750.00
HO045 CRISIS STABILIZATION - INDIVIDUAL - EFFECTIVE 10/01/16 HA Day Day Day Day Day S31.69 \$31.69		ASSERTIVE COMMUNITY TREATMENT - SUBSEQUENT MONTHS			21+				\$1,100.00
H2011 CRISIS INTERVENTION FOLLOW UP	H0045	CRISIS STABILIZATION – INDIVIDUAL - EFFECTIVE 10/01/16	HA	Day	0-20				\$180.00
H2011 CRISIS INTERVENTION FOLLOW UP						\$31.69	\$31.69	\$23.17	
PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF TG Day 0-20									
H2013 PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED) TG Day 0-20 S335.49 H2013 PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM 3.7) TG, HF Day 0-20 S335.49 H2017 PSYCHOSOCIAL REHABILITATION INDIVIDUAL OFFICE TG 15 min 0+ \$10.99 \$10.99 \$10.99 H2017 PSYCHOSOCIAL REHABILITATION INDIVIDUAL COMMUNITY U8 15 min 0+ \$12.67 \$12.67 \$12.67 H2017 PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY TG, U8 15 min 0+ \$10.99 \$10.99 \$10.99 H2017 PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY TG, U8 15 min 0+ \$12.67 \$12.67 \$12.67 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 COMMUNITY TG, U8, HQ 15 min 0-20 \$2.20 \$2.20 \$2.20 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, U8, HQ 15 min 0-20 \$2.53 \$2.53 \$2.53 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, U8, HQ 15 min 0-20 \$2.53 \$2.53 \$2.53 H2017 PSYCHOSOCIAL REHABILITATION GROUP OFFICE HQ 15 min 0-20 \$2.53 \$2.53 \$2.53 H2017 PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY TG, U8, 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 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, U8, HQ 15 min 21+ \$1.59 \$1.59 \$1.59 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, U8, 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 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, U8, HQ 15 min 21+ \$1.59 \$1.59 \$1.59 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, U8, HQ 15 min					1				\$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 PSH INDIVIDUAL COMMUNITY UB 15 min 0+ \$10.99 \$10.99 \$10.99 H2017 PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY TG, UB 15 min 0+ \$10.99 \$10.99 \$10.99 H2017 PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY TG, UB 15 min 0+ \$12.67 \$12.67 \$12.67 H2017 PSYCHOSOCIAL REHABILITATION GROUP OFFICE HQ 15 min 0-20 \$2.20 \$2.20 \$2.20 H2017 PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY UB, HQ 15 min 0-20 \$2.53 \$2.53 \$2.53 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY UB, HQ 15 min 0-20 \$2.20 \$2.20 \$2.20 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, UB, HQ 15 min 0-20 \$2.53 \$2.53 \$2.53 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, UB, HQ 15 min 0-20 \$2.53 \$2.53 \$2.53 H2017 PSYCHOSOCIAL REHABILITATION GROUP OFFICE HQ 15 min 0-20 \$2.53 \$2.53 \$2.53 H2017 PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY UB, HQ 15 min 21+ \$1.37 \$1.37 \$1.37 H2017 PSYCHOSOCIAL REHABILITATION FSH GROUP COMMUNITY UB, HQ 15 min 21+ \$1.59 \$1.59 \$1.59 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY UB, HQ 15 min 21+ \$1.59 \$1.59 \$1.59 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY UB, HQ 15 min 21+ \$1.37 \$1.37 \$1.37 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY UB, HQ 15 min 21+ \$1.59 \$1.59 \$1.59 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY UB, HQ 15 min 21+ \$1.59 \$1.59 \$1.59 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY UB, HQ 15 min 21+ \$1.59 \$1.59 \$1.59 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY UB, HQ UB, HQ UB, HQ UB, HQ UB, HQ			TG	<u> </u>					
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H2017 PSYCHOSOCIAL REHABILITATION INDIVIDUAL COMMUNITY U8 15 min 0+ \$12.67 \$12.						\$10.99	\$10.99	\$10.99	7000.10
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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 \$2.20 H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, U8, HQ 15 min 0-20 \$2.53 \$2.53 \$2.53 \$2.53 H2017 PSYCHOSOCIAL REHABILITATION GROUP OFFICE HQ 15 min 21+ \$1.37 \$1.37 \$1.37 \$1.37 H2017 PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY U8, HQ 15 min 21+ \$1.59 \$									
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H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, U8, HQ 15 min 0-20 \$2.53 \$2.53 \$2.53 \$2.53 \$2.51 \$2.51 \$2.51 \$2.52 \$2.53									
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H2017 PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY TG, U8, HQ 15 min 21+ \$1.59									
H2033 MULTI SYSTEMIC THERAPY - 12 - 17 YEAR OLD TARGET POPULATION 15 min 0-20 \$36.01 \$30.23									
H2034 ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 Day 0-20 Day 0-20 S60.15			1G, U8, HQ			_		\$1.59	
H2034 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 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 ROOM AND BOARD** SE Day 21+ \$31.62 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7** TG Day 21+ \$290.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7** TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$50.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ SE DAY 21+			1			\$36.01	\$30.23		660.4-
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 ROOM AND BOARD** SE Day D+ \$212.47 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 ROOM AND BOARD** SE Day 21+ \$31.62 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7** TG Day 21+ \$290.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$56.25 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$56.25 S9485 CRISIS INTERVENTION PER DIEM Day 0-20 \$353.65 \$278.05									
H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 Day 0+ \$212.47 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 ROOM AND BOARD** SE Day 21+ \$31.62 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7** TG Day 21+ \$290.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$56.26 59485 CRISIS INTERVENTION PER DIEM Day 0-20 \$353.65 \$353.65 \$278.05			65		1				
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H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7** TG Day 21+ \$290.00 H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD** SE, TG Day 21+ \$56.26 \$9485 CRISIS INTERVENTION PER DIEM Day 0-20 \$353.65 \$353.65 \$278.05									
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S9485 CRISIS INTERVENTION PER DIEM Day 0-20 \$353.65 \$353.65 \$278.05		,							
			SE, TG						\$56.26
Day 21+ \$353.65 \$353.65 \$278.05			[
	S9485	CRISIS INTERVENTION PER DIEM		Day	21+	\$353.65	\$353.65	\$278.05	

^{*}Note: Add Age and Degree Level Modifiers as applicable which are indicated in columns E-H. If service is provided by an LMHP, code accordingly

**Note: Specified services are not State Plan services when provided to adults between the ages of 21-64 in an Institute of Mental Disease (IMD). Services were historically covered under LBHP at the rates listed.

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 FORCHOLOGIST 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					
GT	TELEMEDICINE	Used to bill for services (CPT code) provided via teleheath					
HA	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					
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					
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					
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					

SPECIALIZED BEHAVIORAL HEALTH SERVICES - PROVIDER SPECIFIC RATES (V2 Effective 1.1.18)

Code	Description	Provider Name	Modifier	Unit	Rate
	INPATIENT PSYCHIATRIC TREATMENT PER DIEM (Effective 12/1/15-12/31/17) The standard				
	Medicaid "Inpatient Hospital Per Diems" fee schedule rate is effective from 1/1/18	Northlake Behavioral Health			
N/A	forward.	Services		Day	\$581.11
	INPATIENT PSYCHIATRIC TREATMENT PER DIEM; ADULT ONLY - (Effective 12/1/15-				
	12/31/17) The standard Medicaid "Inpatient Hospital Per Diems" fee schedule rate is				
N/A	effective from 1/1/18 forward.	Brentwood Hospital		Day	\$548.06
		Children's Hospital - New			
N/A	INPATIENT PSYCHIATRIC TREATMENT PER DIEM; CHILD ONLY	Orleans DPP		Day	\$669.64
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION BY PSYCHIATRIST	Addiction Recovery	AF	Visit	\$150.00
		Addiction Counseling and			
		Educational Resources, Inc.			44=0.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION BY PSYCHIATRIST		AF	Visit	\$150.00
		Addiction Counseling and			
H0014	ALCOHOL AND/OR DRUG SERVICES - AMBULATORY DETOXIFICATION 2-WM	Educational Resources, Inc.		Day	\$225.00
110014	ALCOHOL AND/OR DROG SERVICES - AMBOLATORY DETOXITICATION 2-WIVI			Day	3223.00
		Addiction Counseling and	нм		\$25.00
110045	ALCOHOL AND OR DRIVE SERVICES INTENSIVE QUITRATIENT 3.4 INDIVIDUAL	Educational Resources, Inc.		15 min.	7-2::00
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL	Addisting Compeliance and			
		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
	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	VOA North Louisiana	HB,U1	Month	\$900.00
H2017					
	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
		Louisiana Methodist			
	DOVOLUATION LIFALTH FACILITY CEDVICE DED DIEMA DETE Effective 7/4/10	Children's Home - Greater New Orleans		Day	¢20F 71
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/16	Louisiana Methodist		Day	\$395.71
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/16	Children's Home - Ruston		Day	\$360.90
	131CHIATRIC HEALTH FACILITY SERVICE FER BILLING FROM ERECUVE 1/1/10	Cimaren s rionie Ruston		Day	-
		Louisiana Methodist			
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/16	Children's Home - Sulphur		Day	\$411.95
		,			
		Resources for Human			
H0019	BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - ASAM Level 3.3*	Development - Family House	HB, HF	Day	\$156.15
		Resources for Human			
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE ASAM Level 3.1*	Development - Family House	HB, HF	Day	\$111.15
		Resources for Human			
HOOAE	CDICIC CTADILIZATION INDIVIDUAL **	Development - Metro Crisis	НВ	Day	¢200 F0
H0045	CRISIS STABILIZATION – INDIVIDUAL **	Continuum	цв	Day	\$390.50

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

^{*}Note: Specified services are not State Plan services when provided to adults between the ages of 21-64 in an Institute of Mental Disease (IMD). Services were historically covered under LBHP at the rates listed.

^{**} Note: Crisis Stabilization, HB - Adult Only, is not a State Plan service when provided to adults ages 21 and over. Services were historically covered under LBHP at the rate listed for this provider only.

SPECIALIZED BEHAVIORAL HEALTH SERVICES - COORDINATED SYSTEM OF CARE

Effective 12.1.15, unless noted otherwise							
Description	Modifier	Unit	Rate				
PARENT SUPPORT AND TRAINING – INDIVIDUAL		15 min.	\$12.91				
PARENT SUPPORT AND TRAINING – GROUP	HQ	15 min.	\$3.23				
YOUTH SUPPORT AND TRAINING – INDIVDUAL		15 min.	\$12.91				
YOUTH SUPPORT AND TRAINING – GROUP*	HQ	15 min.	\$3.23				
INDEPENDENT LIVING/SKILLS TRAINING – INDIVIDUAL		15 min.	\$7.80				
SHORT TERM RESPITE CARE – INDIVIDUAL		15 min.	\$3.90				
CASE CONFERENCE - PARTICIPATION BY PHYSICIAN	НА	Visit of 30 min. or more	\$9.86				
CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL	НА	Visit of 30 min. or more	\$9.86				
	Description PARENT SUPPORT AND TRAINING – INDIVIDUAL PARENT SUPPORT AND TRAINING – GROUP YOUTH SUPPORT AND TRAINING – INDIVDUAL YOUTH SUPPORT AND TRAINING – GROUP* INDEPENDENT LIVING/SKILLS TRAINING – INDIVIDUAL SHORT TERM RESPITE CARE – INDIVIDUAL CASE CONFERENCE - PARTICIPATION BY PHYSICIAN CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED	Description Modifier PARENT SUPPORT AND TRAINING – INDIVIDUAL PARENT SUPPORT AND TRAINING – GROUP YOUTH SUPPORT AND TRAINING – INDIVIDUAL YOUTH SUPPORT AND TRAINING – GROUP* INDEPENDENT LIVING/SKILLS TRAINING – INDIVIDUAL SHORT TERM RESPITE CARE – INDIVIDUAL CASE CONFERENCE - PARTICIPATION BY PHYSICIAN HA CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL	Description Modifier Unit PARENT SUPPORT AND TRAINING – INDIVIDUAL PARENT SUPPORT AND TRAINING – GROUP HQ 15 min. YOUTH SUPPORT AND TRAINING – INDIVDUAL YOUTH SUPPORT AND TRAINING – GROUP* INDEPENDENT LIVING/SKILLS TRAINING – INDIVIDUAL SHORT TERM RESPITE CARE – INDIVIDUAL CASE CONFERENCE - PARTICIPATION BY PHYSICIAN CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL				