SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

	SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Coo	T			Madical					
Code	Description	Age	Psychiatrist	APRN/CNS/PA	Medical Psychologist	Psychologist	LCSW	LPC	LMFT	LAC
Code			1 Sychiachist	74 Hay CHO, 174	1 Sychologist	Tayerlologist	103	Li C	LIVII	Litte
	Modifier *:	> HA=Child HB=Adult	AF	SA	HP	AH	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		\$2.41	\$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	·	\$34.88					
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	0-20	\$67.08	-	\$53.66			\$46.96	\$46.96	\$46.96
	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	21+	\$69.76	-	\$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		-	\$69.15	\$69.15	<u> </u>
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	21+	\$76.74	\$61.39	\$61.39	· ·	\$53.72	\$53.72	\$53.72	
	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					
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	0-20	\$123.60	\$98.88	\$98.88	i i	-	\$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		\$43.05	\$43.05		\$43.05
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	21+	\$50.21	\$40.17	\$40.17	\$40.17	\$35.15	\$35.15	\$35.15	\$35.15
90845	MEDICAL PSYCHOANALYSIS	0-20	\$58.98							
90845	MEDICAL PSYCHOANALYSIS	21+	\$58.98		450.40	450.40	442.00	d 42.00	442.00	442.00
	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	0-20	\$62.62	\$50.10	\$50.10	\$50.10		\$43.83	\$43.83	\$43.83
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	21+	\$62.62	\$50.10	\$50.10	\$50.10	\$46.79	\$46.79		\$46.79
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	0-20	\$77.67		\$62.14					
	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	21+	\$77.67	\$62.14	\$62.14	\$62.14	\$54.37	\$54.37	\$54.37	\$54.37
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	0-20	\$23.23	\$18.58	\$18.58					
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	21+ 0-20	\$23.23	\$18.58	\$18.58	·		Ć1F 44	C15 44	Ć1F 44
90853 90853	GROUP PSYCHOTHERAPY GROUP PSYCHOTHERAPY	21+	\$22.05	\$17.64 \$17.64	\$17.64 \$17.64	\$17.64 \$17.64	-		\$15.44	\$15.44 \$15.44
90863	PHARMACOLOGIC MANAGEMENT ADD ON	0-20	\$22.05	\$17.04	\$17.64	\$17.04	\$15.44	\$15.44	\$15.44	\$15.44
	PHARMACOLOGIC MANAGEMENT ADD ON PHARMACOLOGIC MANAGEMENT ADD ON	21+			-					
	ELECTROCONVULSIVE THERAPY	0-20	\$94.84		\$52.92					
90870	ELECTROCONVOLSIVE 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 PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 20-30 MINUTES	21+	\$50.05							
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 25-50 MINUTES PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	0-20	\$74.34							
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	21+	\$74.34							
90880	MEDICAL HYPNOTHERAPY	0-20	\$75.96	\$60.77	\$60.77					
90880	MEDICAL HYPNOTHERAPY	21+	\$75.96		\$60.77					
96105	ASSESSMENT OF APHASIA	0-20	\$47.82	\$60.77	\$60.77					
96105	ASSESSMENT OF APHASIA	21+	\$47.82							
96116	NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR	0-20	\$68.14							
96116	NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR	21+	\$68.14							
96121	NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR	0-20	\$68.14							
96121	NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR	21+	\$68.14							
96130	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	\$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	\$48.67				
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	0-20	\$76.33		\$61.06	· ·				
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	21+	\$76.33		\$61.06	\$61.06				
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	0-20	\$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	\$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				
						\$24.34				

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SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

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MEW PATENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15-29 Min)		<u> </u>								
NEW PATIENT OFFICE OUTPATIENT. EXPANDED PROBLEM FOCUSED (15.29 Min) 21				\$21.68						
New Partient Optics Outphalitist. Detailed 304.4 Min 0.20 554.08 551.26 551.26 590.20 5	99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15-29 Min)		\$44.08						
New Patient Office OutPatient. Detailed (30.4 km) 21+ 54.08 551.26 551.26 59204 New Patient Office OutPatient. CoMprehensive Moderate Complexity (65.59 km) 0.20 595.25 579.62 579.	99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15-29 Min)	21+	· ·	· · · · · · · · · · · · · · · · · · ·	\$35.26				
NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45-59 Min) 21 + 59-52 579-62			0-20	\$64.08	\$51.26	· ·				
New Patient office Outpatient - Comprehensive Moderate Complexity (45-58 Min) 21		· · ·	21+							
New Patern office Outpatient - Comprehensive High Commercial (9.74 Min) 0.20 513.53 510.04 5					-	·				
SETABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60-74 Min) 21+ 5125.53 510.042 510.042 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 510.042 5127.31 5127						· ·				
SPAIL STABLISHED PATIENT OFFICE CUTPATIENT - MINIMAL PROBLEMS 214 521.64 517.31 510.18 59211 572.64 517.31 59212 572.64 572.	99205	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60-74 Min)	0-20	\$125.53	\$100.42	\$100.42				
STABLISHED PATIENT OFFICE OUTPATIENT - NIMMAL PROBLEMS 21+ \$21.64 \$21.64 \$17.31	99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60-74 Min)	21+	\$125.53	\$100.42	\$100.42				
SETABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 -19 Min) 0-20 \$27.29 \$21.83 \$21.88	99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS	0-20	\$12.73	\$10.18	\$10.18				
SETABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10-19 Min) 21+ \$46.39 \$37.11 \$37.11 \$9213 \$87.81 \$87.11 \$9213 \$87.81 \$87.11 \$9213 \$87.81 \$9214 \$87.76 \$88.21 \$9214 \$87.76 \$88.21 \$9214 \$87.76 \$88.21 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9214 \$87.82 \$9215 \$87.81 \$9215 \$87.81 \$9216 \$921	99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS	21+	\$21.64	\$21.64	\$17.31				
SETABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min) 21	99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 -19 Min)	0-20	\$27.29	\$21.83					
STABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min) 21+ 572.76 558.21 558.21 599.21 557.86 599.24 557.86 551.66 599.24 557.86 551.66 599.24 557.86 551.66 599.24 557.86 551.66 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.24 557.86 599.25 557.86 557.86 599.25 557.86	99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 -19 Min)	21+	\$46.39	\$37.11	\$37.11				
STABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min) 0-20 564.57 \$51.66 \$51.66 \$ 99214 ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min) 21+ \$109.77 \$87.82 \$87.82 \$87.82 \$ 99215 ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40-54 Min) 0-20 \$93.37 \$74.70 \$ 99215 ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40-54 Min) 21+ \$158.73 \$126.98 \$126.98 \$ 99218 HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min) 21+ \$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) 0-20 \$74.41 \$59.53 \$59.53 \$ 99220 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (50 Min) 0-20 \$104.35 \$83.48 \$83.48 99220 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 0-20 \$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) 0-20 \$64.43 \$51.54 \$ 99222 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (50 Min) 0-20 \$64.43 \$51.54 \$ 99222 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (50 Min) 0-20 \$64.93 \$51.54 \$ 99222 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (50 Min) 0-20 \$64.93 \$51.93 \$ 99222 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 0-20 \$64.93 \$51.93 \$ 99223 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 0-20 \$64.93 \$51.93 \$ 99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (50 Min) 0-20 \$64.93 \$60.93 \$ 99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (50 Min) 0-20 \$64.84 \$60.93 \$ 99223 99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 0-20 \$64.84	99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min)	0-20	\$42.80	\$34.24	\$34.24				
99214 ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min) 99215 ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40-54 Min) 99215 ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40-54 Min) 99216 ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40-54 Min) 99217 ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40-54 Min) 99218 HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min) 99219 HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min) 99219 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 99219 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 99210 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 99210 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 99210 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 99210 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 99211 MINITAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min) 99212 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min) 99213 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 99214 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 99215 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 99216 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 99217 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 99228 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (50 Min) 99229 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (50 Min) 99221 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (50 Min) 99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 99224 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 99225 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 99226 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 99227 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 99228 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99232 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min)	99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min)	21+	\$72.76	\$58.21	\$58.21				
99215 ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min) 0-20 \$93.37 \$74.70 \$74.70 99215 ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min) 0-20 \$44.91 \$158.73 \$126.98 10 99218 HOSPITAL OSSERVATION CARE - LOW COMPLEXITY (30 Min) 0-20 \$44.91 \$35.93 \$35.93 99218 HOSPITAL OSSERVATION CARE - LOW COMPLEXITY (30 Min) 0-20 \$74.41 \$59.53 \$59.53 99219 HOSPITAL OSSERVATION CARE - MODERATE COMPLEXITY (50 Min) 0-20 \$74.41 \$59.53 \$59.53 99219 HOSPITAL OSSERVATION CARE - MODERATE COMPLEXITY (50 Min) 0-20 \$74.41 \$59.53 \$59.53 99220 HOSPITAL OSSERVATION CARE - HIGH COMPLEXITY (70 Min) 0-20 \$140.35 \$83.48 \$83.48 99220 HOSPITAL OSSERVATION CARE - HIGH COMPLEXITY (70 Min) 0-20 \$64.43 \$51.54 \$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) 0-20 \$87.95 \$70.36 \$70.36 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) 0-20 \$87.95 \$70.36 \$70.36 99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (50 Min) 0-20 \$87.95 \$70.36 \$70.36 99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (50 Min) 0-20 \$129.38 \$103.50 99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 0-20 \$26.60 \$21.28 \$103.50 99223 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 0-20 \$26.60 \$21.28 \$21.28 99223 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 99223 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 99223 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 \$99223 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$3	99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min)	0-20	\$64.57	\$51.66	\$51.66				
99215 ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min) 21	99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min)	21+	\$109.77	\$87.82	\$87.82				
99218 HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min) 99218 HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (50 Min) 21+ \$44.91 \$35.93 \$35.93 \$35.93 \$99.99 99219 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 21+ \$74.41 \$59.53 \$59.53 \$99.99 99219 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (50 Min) 21+ \$74.41 \$59.53 \$59.53 \$99.20 \$99.20 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 22+ \$74.41 \$59.53 \$59.53 \$99.20 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 22+ \$104.35 \$83.48 \$83.48 \$99.20 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (30 Min) 22+ \$104.35 \$83.48 \$83.48 \$99.20 HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (30 Min) 22+ \$104.35 \$10	99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min)	0-20	\$93.37	\$74.70	\$74.70				
99218 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 99219 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 99219 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 99219 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 99210 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 10 -20	99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min)	21+	\$158.73	\$126.98	\$126.98				
99219 HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) 99219 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (50 Min) 99210 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 99220 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 99221 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 99221 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min) 99221 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min) 99222 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min) 99223 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 99224 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 99225 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 99226 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 99227 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 99228 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 99230 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99232 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99233 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99234 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99235 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99236 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99237 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99238 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99239 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99230 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99232 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99233 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99234 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99235 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)	99218	HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min)	0-20	\$44.91	\$35.93	\$35.93				
HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) CARE - MODERATE COMPLEXITY (70 Min) CARE - MODERATE COMPLEXITY (30 Min) CARE - MODERATE COMPLEXITY (50 Min) CARE - MO	99218	HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min)	21+	\$44.91	\$35.93	\$35.93				
HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 0-20 \$10.35 \$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 \$9221 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min) 0-20 \$64.43 \$51.54 \$99222 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (50 Min) 0-20 \$87.95 \$70.36 \$97.36 \$99222 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 0-20 \$87.95 \$70.36 \$99222 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (50 Min) 0-20 \$129.38 \$103.50 \$103.50 \$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) 0-20 \$26.60 \$21.28 \$21.28 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 0-20 \$47.84 \$38.27 \$38.27 \$99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 \$99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 \$99232 \$99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 \$99232 \$99233 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 \$99232 \$99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 \$99232 \$99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$48.27 \$99232 \$99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$48.27 \$48.	99219	HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min)	0-20	\$74.41	\$59.53	\$59.53				
99220 HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min) 21+ \$104.35 \$83.48	99219	HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min)	21+	\$74.41	\$59.53					
9921 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 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 \$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	99220	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min)	0-20	\$104.35	\$83.48	\$83.48				
9921 INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min) 21+ \$64.43 \$51.54 0 0 0 9922 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 0-20 \$87.95 \$70.36 \$70.36 0 0 9922 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 21+ \$87.95 \$70.36 0 0 0 9923 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 0-20 \$129.38 \$103.50 \$103.50 0 0 0 9923 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 21+ \$129.38 \$103.50 \$103.50 0 0 0 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 0-20 \$26.60 \$21.28 \$21.28 0 0 0 99232 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 21+ \$26.60 \$21.28 \$21.28 0 0 0 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 0 0 0	99220	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min)	21+	\$104.35	\$83.48	\$83.48				
99222 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 0-20 \$87.95 \$70.36 \$ 0 \$ 0 99222 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 21+ \$87.95 \$70.36 \$ 0 \$ 0 99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 0-20 \$129.38 \$103.50 \$ 103.50 \$ 0 \$ 0 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 21+ \$129.38 \$103.50 \$ 0 \$ 0 \$ 0 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 0-20 \$26.60 \$21.28 \$ 21.28 \$ 0 \$ 0 99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 \$ 0 \$ 0	99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	0-20	\$64.43	\$51.54	\$51.54				
99222 INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min) 21+ \$87.95 \$70.36 6 6 6 9923 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 0-20 \$129.38 \$103.50 \$103.50 6 6 6 9923 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 21+ \$129.38 \$103.50 6 6 6 6 99231 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 0-20 \$26.60 \$21.28 \$21.28 6 6 9 99232 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 21+ \$26.60 \$21.28 \$21.28 6 6 9 99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27 \$38.27 \$38.27 \$38.27 \$38.27	99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	21+	\$64.43	\$51.54					
99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 0-20 \$129.38 \$103.50	99222	INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)	0-20	\$87.95	\$70.36	\$70.36				
99223 INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min) 21+ \$129.38 \$103.50	99222	INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)	21+	\$87.95	\$70.36					
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	99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)	0-20	\$129.38	\$103.50	\$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 \$38.27	99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)	21+	\$129.38	\$103.50					
99231 SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min) 99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 99232 \$47.84			0-20	\$26.60	\$21.28	\$21.28				
99232 SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min) 0-20 \$47.84 \$38.27 \$38.27						· ·				
						· ·				
		SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)	21+	\$47.84						

V12 7/1/2022

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes

	SI ECIALIZED DETIAVIONAL TIEAETTI SERVICES - CI T				Medical					
Code	Description	Age	Psychiatrist			Psychologist	ICSW	LPC	LMFT	LAC
	SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)	0-20	\$68.56	\$54.85	\$54.85		10311	LI C	LIVIII	Line
-	SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)	21+	\$68.56	\$54.85	\$54.85					
	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)	0-20	\$91.00	\$72.80	\$72.80					
-	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)	21+	\$91.00	\$72.80	\$72.80					
	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)	0-20	\$119.53	\$95.62	\$95.62					
	HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)	21+	\$119.53	\$95.62	\$95.62					
_	HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min)	0-20	\$148.52	\$118.82	\$118.82					
	HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min)	21+	\$148.52	\$118.82	\$118.82					
	HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min)	0-20	\$47.25	\$37.80	\$37.80					
-	HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min)	21+	\$47.25	\$37.80	\$37.80					
	HOSPITAL DISCHARGE DAY (NANAGEMENT (<30 Min)	0-20	\$68.71	\$54.97	\$54.97					
	HOSPITAL DISCHARGE DAY (>30 Min)	21+	\$68.71	\$54.97	\$54.97 \$54.97					
	EMERGENCY DEPARTMENT VISIT, SELF LIM	0-20	\$14.58	\$11.66	\$11.66					
		21+	\$14.58	\$11.66	\$11.66					
	EMERGENCY DEPARTMENT VISIT, SELF LIM EMERGENCY DEPARTMENT VISIT, LOW	0-20	\$28.40	\$11.00	\$22.72					
	EMERGENCY DEPARTMENT VISIT, LOW EMERGENCY DEPARTMENT VISIT, LOW	21+	\$28.40	\$22.72	\$22.72					
	EMERGENCY DEPARTMENT VISIT, LOW EMERGENCY DEPARTMENT VISIT, MODERATE			·						
-		0-20	\$44.18	\$35.34	\$35.34					
	EMERGENCY DEPARTMENT VISIT, MODERATE EMERGENCY DEPARTMENT VISIT, PROBLEM	21+ 0-20	\$44.18 \$82.58	\$35.34 \$66.06	\$35.34 \$66.06					
\vdash					-					
	EMERGENCY DEPARTMENT VISIT, PROBLEM EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED	21+	\$82.58	\$66.06	\$66.06					
		0-20	\$122.93	\$98.34	\$98.34					
	EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED	21+	\$122.93	\$98.34	\$98.34					
	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	0-20	\$47.65	\$38.12	\$38.12					
	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	21+	\$47.65	\$38.12	\$38.12		ć22.20	¢22.20	¢22.20	¢22.20
	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT - Effective 3/15/21	0+	\$31.98	\$25.58	\$25.58		\$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		\$30.53					
-	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					
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	0-20	\$25.04		\$25.04	·				
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	21+	\$25.04		\$25.04	· ·				
	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)	0-20	\$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							
-	NEW PATIENT - COMPREHENSIVE MODERATE COMPLEXITY (PRENATAL/POST PARTUM) (45-59 Min)	10-59	\$106.15							
-	NEW PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (60-74 Min)	10-59	\$134.33							
	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM)	10-20	\$13.78							
\vdash	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM)	21-59	\$23.43							
	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							
	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							
\vdash	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	4	A ==					
_	ALCOHOL AND/OR DRUG SCREENING	0-20	\$14.78	\$11.82	\$11.82					
	ALCOHOL AND/OR DRUG SCREENING	21+	\$14.78	1	1					
	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	0-20	\$34.50	\$27.60	\$27.60					
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	21+	\$34.50							4

3

V12 7/1/2022

SPECIALIZED BEHAVIORAL HEALTH SERVICES - HCPCS CODES

H0004 H0005 A H0005 A H00011 A H0011 A H0012 A H0012 A H0015 A H0015 A H0015 A H0018 TI H0018 TI H0019 B H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A H0039 A	Description LICOHOL AND/OR DRUG ASSESSMENT LICOHOL AND/OR DRUG SERVICES - INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON) LICOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON) LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 3.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 3.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION	Modifier* HF HQ HR, HS TG SE SE HQ HQ HQ HU HK HF SE, HF U8 U8 HK HE	Unit Visit Visit Visit Visit Day Day Day Day Day 15 min 15 min Day Day Day Day Day Day Day Da	Age HA = Child HB = Adult 0+ 0+ 0+ 0+ 21+ 21+ 0-20 21+ 21+ 0-20 21+ 0-20 21+ 0-20 21+ 0-20 0-20 1-20 0-20 0-20 0-20 0-20 0-20	Master's Level (HO) \$65.27 \$42.38 \$9.23 \$21.53 \$16.17 \$12.00 \$12.00	\$16.17 \$12.00	Less than Bachelor's (HM) \$43.44 \$34.25 \$6.52 \$15.23 \$11.44 \$8.00 \$8.00	\$290.00 \$290.00 \$43.50 \$72.15 \$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$178.39 \$178.39 \$178.39
H0001 A H0004 A H0005 A H0005 A H00011 A H0011 A H0012 A H0012 A H0015 A H0015 A H0015 A H0018 T H0018 T H0018 T H0019 B H0019 B H0019 B H0019 B H0020 A H0036 C	LICOHOL AND/OR DRUG SERVICES - INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) LICOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY	HF HQ HR, HS TG SE SE HQ HQ HQ HK HB HC HB HC HB HC HB HC	Visit Visit Visit Visit Visit Day Day Day Day Day 15 min 15 min Day	HB = Adult 0+ 0+ 0+ 0+ 21+ 21+ 0-20 21+ 21+ 0-20 21+ 0-20 21+ 0-20 21+ 0-20 1-20 0-20 1-20 0-20 0-20 0-20 0-20 0-1 0-20 0-20 0-20 0-20 0-20 0-20	\$65.27 \$42.38 \$9.23 \$21.53 \$16.17 \$12.00 \$12.00	\$65.27 \$42.38 \$9.23 \$21.53 \$16.17 \$12.00	\$43.44 \$34.25 \$6.52 \$15.23 \$11.44 \$8.00	\$290.00 \$43.50 \$72.15 \$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$21.50
H0001 A H0004 A H0005 A H0005 A H00011 A H0011 A H0012 A H0012 A H0015 A H0015 A H0015 A H0018 T H0018 T H0018 T H0019 B H0019 B H0019 B H0019 B H0020 A H0036 C H0037 A	LICOHOL AND/OR DRUG SERVICES - INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) LICOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY	HF HQ HR, HS TG SE SE HQ HQ HQ HK HB HC HB HC HB HC HB HC	Visit Visit Visit Visit Visit Day Day Day Day Day 15 min 15 min Day	0+ 0+ 0+ 0+ 0+ 0+ 21+ 21+ 0-20 21+ 21+ 0-20 21+ 0-20 0-20 0-20 0-20 21+ 21+ 0+ 0+ 0+	\$65.27 \$42.38 \$9.23 \$21.53 \$16.17 \$12.00 \$12.00	\$65.27 \$42.38 \$9.23 \$21.53 \$16.17 \$12.00	\$43.44 \$34.25 \$6.52 \$15.23 \$11.44 \$8.00	\$290.00 \$43.50 \$72.15 \$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0004 A H0005 A H0005 A H00011 A H0011 A H0012 A H0012 A H0015 A H0015 A H0015 A H0015 B H0018 T H0018 T H0019 B H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	LICOHOL AND/OR DRUG SERVICES - INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON) LICOHOL AND/OR DRUG SERVICES - FAMILY (PER FARMILY MEMBER) LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS LICHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 SOOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effecti	HR, HS TG SE SE HQ HQ HH HK HF SE, HF U8 U8 HK	Visit Visit Visit Day Day Day Day Day 15 min 15 min Day	0+ 0+ 0+ 0+ 21+ 21+ 21+ 0-20 21+ 21+ 0-20 21+ 0-20 21+ 0-20 0-20 21+ 21+ 0+ 0-4 0+ 0+	\$42.38 \$9.23 \$21.53 \$16.17 \$12.00 \$12.00	\$42.38 \$9.23 \$21.53 \$16.17 \$12.00	\$34.25 \$6.52 \$15.23 \$11.44 \$8.00	\$43.50 \$72.15 \$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0005 A H0005 A H00011 A H0011 A H0012 A H0012 A H0015 A H0015 A H0015 A H0018 T H0018 T H0019 B H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	LICOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON) LICOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS LIEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	HR, HS TG SE SE HQ HQ HH HK HF SE, HF U8 U8 HK	Visit Visit Day Day Day Day 15 min 15 min Day	0+ 0+ 21+ 21+ 0-20 21+ 21+ 0-20 21+ 0-20 21+ 0-20 0-20 0-20 0-20 21+ 21+ 21+ 0+ 0+ 0+	\$9.23 \$21.53 \$16.17 \$12.00 \$12.00	\$9.23 \$21.53 \$16.17 \$12.00	\$6.52 \$15.23 \$11.44 \$8.00	\$43.50 \$72.15 \$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0005 A H0011 A H0011 A H0012 A H0012 A H0012 A H0015 A H0015 A H0015 A H0018 T H0018 T H0019 B H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	ALCOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER) ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - INTENSIVE DETOX 3.2-WM ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	HR, HS TG SE SE HQ HQ HH HK HF SE, HF U8 U8 HK	Visit Day Day Day Day Day 15 min 15 min Day	0+ 21+ 21+ 0-20 21+ 21+ 0+ 0-20 21+ 0-20 21+ 0-20 0-20 0-20 21+ 21+ 21+ 0+ 0+	\$16.17 \$12.00 \$12.00	\$21.53 \$16.17 \$12.00	\$15.23 \$11.44 \$8.00	\$43.50 \$72.15 \$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0011 A H0011 A H0012 A H0012 A H0015 A H0015 A H0015 A H0018 T H0018 T H0019 B H0019 B H0019 B H0020 A H0020 A H0036 C H0037 C H0038 P H0039 A	LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM LICOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 ROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 LICOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS LIEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 LIEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 LICOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS	TG SE SE HQ HQ HH HK HF SE, HF U8 U8 HK	Day Day Day Day Day 15 min 15 min Day	21+ 21+ 0-20 21+ 21+ 0+ 0-20 21+ 0-20 21+ 0-20 0-20 0-20 21+ 21+ 21+ 0+ 0+	\$16.17 \$12.00 \$12.00	\$16.17 \$12.00	\$11.44 \$8.00	\$43.50 \$72.15 \$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0011 A H0012 A H0012 A H0012 A H0015 A H0015 A H0015 A H0018 T H0018 T H0019 B H0019 B H0019 B H0020 A H0020 A H0036 C H0037 C H0038 P H0039 A	ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION	SE SE HQ HQ HR HR HR HR U8 U8 HK	Day Day Day Day 15 min 15 min Day	21+ 0-20 21+ 21+ 0+ 0-20 21+ 0-20 0-20 0-20 0-20 21+ 21+ 21+ 0+ 0+	\$12.00 \$12.00	\$12.00	\$8.00	\$43.50 \$72.15 \$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0012 A H0012 A H0012 A H0015 A H0015 A H0015 A H0018 T H0018 T H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS HERAPICITIC GROUP HOME PER DIEM - SEXUAL OFFENDERS HERAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR	SE HQ HQ HH HK HF SE, HF U8 U8 HK	Day Day Day 15 min 15 min Day	0-20 21+ 21+ 0+ 0-20 21+ 0-20 0-20 0-20 21+ 21+ 0+ 0+	\$12.00 \$12.00	\$12.00	\$8.00	\$72.15 \$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0012 A H0012 A H0015 A H0015 A H0015 A H0018 T H0018 T H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	HQ HQ HH HK HF SE, HF U8 U8	Day Day 15 min 15 min Day	21+ 21+ 0+ 0-20 21+ 0-20 0-20 0-20 21+ 21+ 0+ 0+	\$12.00 \$12.00	\$12.00	\$8.00	\$72.15 \$17.85 \$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0012 A H0015 A H0015 A H0015 A H0018 TI H0018 TI H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	HQ HQ HH HK HF SE, HF U8 U8	Day 15 min 15 min Day	21+ 0+ 0-20 21+ 0-20 0-20 0-20 21+ 21+ 0+	\$12.00 \$12.00	\$12.00	\$8.00	\$17.85 \$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0015 A H0015 A H0015 A H0018 TI H0018 TI H0018 TI H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY	HQ HQ HH HK HF SE, HF U8 U8	15 min 15 min 15 min Day	0+ 0-20 21+ 0-20 0-20 0-20 21+ 21+ 0+ 0+	\$12.00 \$12.00	\$12.00	\$8.00	\$178.39 \$178.39 \$178.39 \$83.50 \$21.50
H0015 A H0015 A H0018 TI H0018 TI H0018 TI H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP - Effective 7/1/2022 ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 HEHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY HOMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	HQ HH HK HF SE, HF U8 U8 HK	15 min 15 min Day	0-20 21+ 0-20 0-20 0-20 21+ 21+ 0+ 0+	\$12.00 \$12.00	\$12.00	\$8.00	\$178.39 \$178.39 \$83.50 \$21.50
H0015 A H0018 TI H0018 TI H0018 TI H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP HERAPEUTIC GROUP HOME PER DIEM HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - CO-OCC	HQ HH HK HF SE, HF U8 U8 HK	15 min Day	21+ 0-20 0-20 0-20 21+ 21+ 0+ 0+	\$12.00			\$178.39 \$178.39 \$83.50 \$21.50
H0018 TI H0018 TI H0018 TI H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	HH HK HF SE, HF U8 U8 HK	Day	0-20 0-20 0-20 21+ 21+ 0+ 0+		\$12.00	\$8.00	\$178.39 \$178.39 \$83.50 \$21.50
H0018 TI H0018 TI H0019 B H0019 B H0020 A H0020 A H0036 C H0037 A	HERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	HK HF SE, HF U8 U8 HK	Day Day Day Day Day Day Day Day 15 min	0-20 0-20 21+ 21+ 0+ 0+	\$19.06			\$178.39 \$178.39 \$83.50 \$21.50
H0018 TI H0019 B H0019 B H0020 A H0020 A H0036 C H0036 C H0036 C H0036 C H0036 C H0036 C H0037 A H0038 P H0039 A	HERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	HK HF SE, HF U8 U8 HK	Day Day Day Day Day Day 15 min	0-20 21+ 21+ 0+ 0+	\$19.06			\$178.39 \$83.50 \$21.50
H0019 B H0019 B H0020 A H0020 A H0036 C H0036 C H0036 C H0036 C H0036 C H0036 C H0037 A H0038 P H0039 A	EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	U8 U8 HK	Day Day Day Day Day Day 15 min	21+ 21+ 0+ 0+	\$19.06			\$83.50 \$21.50
H0019 B H0019 B H0020 A H0020 A H0036 C H0036 C H0036 C H0036 C H0036 C H0036 C H0037 A H0038 P H0039 A	EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	U8 U8 HK	Day Day Day Day 15 min 15 min	21+ 21+ 0+ 0+	\$19.06			\$83.50 \$21.50
H0019 B H0020 A H0020 A H0036 C H0036 C H0036 C H0036 C H0036 C H0038 P H0039 A H0039 A	EHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	U8 U8 HK	Day Day Day 15 min 15 min	21+ 0+ 0+	\$19.06			\$21.50
H0020 A H0020 A H0036 C H0036 C H0036 C H0036 C H0036 C H0038 P H0039 A H0039 A	ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - Effective 1/20/20 ALCOHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - Effective 1/20/20 COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	U8 U8 HK	Day Day 15 min 15 min	0+ 0+	\$10.06			
H0020 A H0036 C H0036 C H0036 C H0036 C H0036 C H0036 C H0038 P H0039 A	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	U8 HK	Day 15 min 15 min	0+	¢10.06			710.55
H0036 C H0036 C H0036 C H0036 C H0036 C H0036 C H0038 P H0039 A	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	U8 HK	15 min 15 min		¢10.0c			\$16.33
H0036 C H0036 C H0036 C H0036 C H0036 C H0038 P H0039 A	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	НК	15 min	UT		\$14.87		\$10.33
H0036 C H0036 C H0036 C H0036 C H0038 P H0039 A	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	НК		I0+				
H0036 C H0036 C H0036 C H0038 P H0039 A	OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE		I4 F	0+	\$20.28	\$16.85		
H0036 C H0036 C H0038 P H0039 A H0039 A	OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	HE	15 min	0+	\$37.03	\$30.61		
H0036 C H0038 P H0039 A H0039 A		•	15 min	0+	\$38.55	\$31.70		
H0038 P H0039 A H0039 A	OMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY	TG	15 min	0+	\$19.00	\$15.60	\$15.60	
H0039 A H0039 A		TG, U8	15 min	0+	\$21.30	\$17.70	\$17.70	
H0039 A	EER SUPPORT SERVICES		15 min	21+	\$12.61	\$12.61	\$12.61	
	SSERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*		Day	18-20	\$151.11	\$112.63	\$86.04	
110000	SSERTIVE COMMUNITY TREATMENT - PHYSICIAN PER DIEM*	AM	Day	18-20				\$373.88
H0039 A	SSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	U1	Month	21+				\$1,100.00
H0039 A	SSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	U2	Month	21+				\$900.00
	SSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	U3	Month	21+				\$750.00
	SSERTIVE COMMUNITY TREATMENT - SUBSEQUENT MONTHS***		Month	21+				\$1,100.00
	RISIS STABILIZATION – INDIVIDUAL - Effective 10/01/16	НА	Day	0-20				\$180.00
	ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE) - Effective 1/20/20	111/2	Day	0-20				\$15.86
		110	+	0+				·
	ALCOHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE - TAKE HOME) - Effective 1/20/20	U8	Day		¢24.60	¢24.60	622.47	\$15.86
	RISIS INTERVENTION FOLLOW UP		15 min	0-20	\$31.69	\$31.69	\$23.17	
	RISIS INTERVENTION FOLLOW UP		15 min	21+	\$31.69	\$31.69	\$23.17	4000 10
<u> </u>	SYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF		Day	0-20				\$335.49
	SYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED)	TG	Day	0-20				\$335.49
	SYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM 3.7)	TG, HF	Day	0-20				\$335.49
H2017 P	SYCHOSOCIAL REHABILITATION INDIVIDUAL OFFICE		15 min	0+	\$10.99	\$10.99	\$10.99	
H2017 P	SYCHOSOCIAL REHABILITATION INDIVIDUAL COMMUNITY	U8	15 min	0+	\$12.67	\$12.67	\$12.67	
H2017 P	SYCHOSOCIAL REHABILITATION PSH INDIVIDUAL OFFICE	TG	15 min	0+	\$10.99	\$10.99	\$10.99	
H2017 P	SYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	0+	\$12.67	\$12.67	\$12.67	
H2017 P:	SYCHOSOCIAL REHABILITATION GROUP OFFICE	HQ	15 min	0-20	\$2.20	\$2.20	\$2.20	
H2017 P:	SYCHOSOCIAL REHABILITATION GROUP COMMUNITY	U8, HQ	15 min	0-20	\$2.53	\$2.53	\$2.53	
	SYCHOSOCIAL REHABILITATION PSH GROUP OFFICE	TG, HQ	15 min	0-20	\$2.20	\$2.20	\$2.20	
	SYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY	TG, U8, HQ	15 min	0-20	\$2.53	\$2.53	\$2.53	
	SYCHOSOCIAL REHABILITATION GROUP OFFICE	HQ	15 min	21+	\$1.37	\$1.37	\$1.37	
	SYCHOSOCIAL REHABILITATION GROUP COMMUNITY	U8, HQ	15 min	21+	\$1.59	\$1.59	\$1.59	
	SYCHOSOCIAL REHABILITATION GROUP OFFICE	TG, HQ	15 min	21+	\$1.37	\$1.37	\$1.37	
	SYCHOSOCIAL REHABILITATION PSH GROUP OFFICE SYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY			21+				
		TG, U8, HQ	15 min		\$1.59	\$1.59	\$1.59	
	AULTI SYSTEMIC THERAPY - 12 - 17 YEAR OLD TARGET POPULATION		15 min	0-20	\$36.01	\$30.23		460.45
	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1	+	Day	0-20				\$60.15
	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1		Day	21+				\$70.30
	LCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 ROOM AND BOARD**	SE	Day	21+				\$14.70
	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5		Day	0+				\$212.47
H2036 A	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 ROOM AND BOARD**	SE	Day	21+				\$31.62
H2036 A	LCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7	TG	Day	21+				\$290.00
H2036 A	LCOHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD**	SE, TG	Day	21+				\$56.26
J0571 B	UPRENORPHINE, ORAL, 1 MG - Effective 1/20/20		1mg	0+				\$0.11
	SUPRENORPHINE, ORAL, 1 MG (TAKE HOME) - Effective 1/20/20	RD	1mg	0+				\$0.11
	SUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG - Effective 1/20/20		One Dose	0+				\$4.59
	SUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose	0+				\$4.59
	SUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG - Effective 1/20/20	1	One Dose	0+				\$8.21
	SUPRENORPHINE/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
	SUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 5 MG, BUT LESS THAN OR EQUAL TO 6 MG (TAKE HOME) - EJJECTIVE 1/20/20	חח	One Dose	0+				\$8.21
		I D D		0.				-
	SUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose	U+				\$8.21
	SUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG - Effective 1/20/20		One Dose	0+				\$16.42
	SUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG (TAKE HOME) - Effective 1/20/20	RD	One Dose	U+				\$16.42
	RISIS INTERVENTION PER DIEM		Day	0-20	\$353.65	\$353.65	\$278.05	
	RISIS INTERVENTION PER DIEM d degree level modifiers can be added as applicable, and are indicated in columns E-H. Licensed Mental Health Professionals should bill accordingly. These is		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 FQHC/RHC claims.

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

^{***}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>></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	INDIVIDUAL PLACEMENT AND SUPPORT (BILLABLE WHEN <u>></u> 6 ENCOUNTERS PER MONTH) - Effective 2/21/22	TG	PMPM	\$406.26				

ADULT CRISIS SERVICES

Code	Description	Modifier	Unit	RATE
Code	Description	Modifier	Offic	NAIL
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 <u>></u> 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 <u>></u> 4 HOURS/DAY) - Effective 4/1/22	TG	Per Diem	\$478.56
H0045	CRISIS STABILZATION - INDIVIDUAL Effective 7/1/22	TG	Day	\$664.67

		COMMONLY USED MODIFIERS FOR BILLING
AF	PSYCHIATRIST	Used to bill for services provided by a Psychiatrist
АН	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
НН	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
НК	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

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
П0013	ALCOHOL AND/OR DROG 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
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
	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			
	CACE CONFEDENCE DARTICIDATION BY MON BUYCICIAN OUTALIFIED HEALTH		Visit of 30				
99368	CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH	HA	min. or				
	CARE PROFESSIONAL		more	\$9.86			

^{*}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.