	SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT Codes									
					Medical					
Code	Description	Age	Psychiatrist	APRN/CNS/PA	Psychologist	Psychologist	LCSW	LPC	LMFT	LAC
	Modifier	> HA=Child HB=Adult	AF	SA	HP	АН	AJ	но	но	HF
90785	INTERACTIVE COMPLEXITY, ADD ON	0-20	\$3.44	\$2.75	\$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	\$33.36	\$33.36	\$33.36	\$33.36
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON	0-20	\$30.24	\$24.19						<u> </u>
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON	21+	\$43.60	\$30.52	\$34.88	450.00	A 4 6 9 6	446.06	A 4 6 9 6	415.05
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 90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON	21+ 0-20	\$69.76 \$49.13	\$55.81 \$39.30		\$55.81	\$48.83	\$48.83	\$48.83	\$48.83
90836	PSYCHOTHERAPY, AS MINUTES WITH PATIENT PRESENT, ADD ON PSYCHOTHERAPY, AS MINUTES WITH PATIENT PRESENT, ADD ON	21+	\$49.13	\$39.30						
90837	PSYCHOTHEARPY, 60 MINUTES WITH PATIENT PRESENT	0-20	\$98.78	\$79.02	\$79.02	\$79.02	\$69.15	\$69.15	\$69.15	<u> </u>
90837	PSYCHOTHEARPY, GO MINUTES WITH PATIENT PRESENT PSYCHOTHEARPY, GO MINUTES WITH PATIENT PRESENT	21+	\$76.74	\$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		JU1.35	ŞJJ.72	3JJ.72	ŞJJ.72	
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	\$98.88	\$86.52	\$86.52	\$86.52	\$86.52
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	21+	\$125.53	\$100.42	\$100.42	\$100.42	\$87.87	\$87.87	\$87.87	\$87.87
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	0-20	\$61.50	\$49.20	\$49.20	\$49.20	\$43.05	\$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							
90846	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	\$46.79	\$46.79	\$46.79	
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	0-20	\$77.67	\$62.14		\$62.14	\$54.37	\$54.37	\$54.37	\$54.37
90847	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	\$18.58				<u> </u>
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	21+	\$23.23	\$18.58		\$18.58	A	A15.11	A.E. 44	A.F. 11
90853	GROUP PSYCHOTHERAPY	0-20	\$22.05	\$17.64		\$17.64	\$15.44	\$15.44	\$15.44	\$15.44
90853 90863	GROUP PSYCHOTHERAPY		\$22.05	\$17.64		\$17.64	\$15.44	\$15.44	\$15.44	\$15.44
90863	PHARMACOLOGIC MANAGEMENT ADD ON PHARMACOLOGIC MANAGEMENT ADD ON	0-20			\$31.13 \$52.92					<u> </u>
90870	FRANKAGUGUE (MARAGEMERT ADD ON ELECTROCONVULSIVE THERAPY	0-20	\$94.84		\$52.92					
90870		21+	\$94.84							1
90875	EVENTION OF A CONTRACT OF A CONT	0-20	\$50.05							-
90875	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 20-30 MINUTES	21+	\$50.05							-
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	0-20	\$74.34							
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	21+	\$74.34							
90880	MEDICAL HYPNOTHERAPY	0-20	\$75.96	\$60.77	\$60.77					
90880	MEDICAL HYPNOTHERAPY	21+	\$75.96	\$60.77	\$60.77					
96105	ASSESSMENT OF APHASIA	0-20	\$47.82							
96105	ASSESSMENT OF APHASIA	21+	\$47.82							
96116	NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR	0-20	\$68.14							ļ
96116	NEUROBEHAVIORAL STATUS EXAMINATION, FIRST HOUR	21+	\$68.14							1
96121	NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR	0-20	\$68.14							
96121	NEUROBEHAVIORAL STATUS EXAMINATION, EACH ADDITIONAL HOUR	21+	\$68.14		A 10 C-	6 40 CT				
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR PSYCHOLOGICAL TESTING BY PHYSICIAN/QHP, FIRST HOUR PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR PSYCHOL	0-20	\$60.84		\$48.67	\$48.67				
96130 96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, EACH ADDITIONAL HOUR	21+ 0-20	\$60.84 \$60.84		\$48.67 \$48.67	\$48.67 \$48.67				<u> </u>
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/URP, EACH ADDITIONAL HOUR PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/URP, EACH ADDITIONAL HOUR	21+	\$60.84		\$48.67	\$48.67				
96132	F3TCHOLOGICAL TESTING EVALUATION SERVICES BY FMTSICIARY QMT; EACH ADDITIONATIONAL HOUR	0-20	\$76.33		\$61.06	\$61.06				<u> </u>
96132	NEUROPSICHOLOGICAE LESTING EVALUATION SERVICES BY PHISICIAIV(QHF, INS) HOUR	21+	\$76.33		\$61.06	\$61.06				
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/GHP, 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	\$61.06				
96136	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/OHP, 2 OR MORE TESTS, FIRST 30 MINUTES	0-20	\$30.42		\$24.34	\$24.34				
96136	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/OHP, 2 OR MORE TESTS, FIRST 30 MINUTES	21+	\$30.42		\$24.34	\$24.34				
96137	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDITIONAL 30 MINUTES	0-20	\$30.42		\$24.34	\$24.34				
96137	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, EACH ADDITIONAL 30 MINUTES	21+	\$30.42		\$24.34	\$24.34				
96138	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES	0-20	\$17.40		\$17.40	\$17.40				

	SPECIALIZED BEHAVIORAL HEALTH SERVIC	ES - CPT Codes								
					Medical					
Code	Description	Age	Psychiatrist	APRN/CNS/PA	Psychologist	Psychologist	LCSW	LPC	LMFT	LAC
96138	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES	21+	\$17.40		\$17.40	\$17.40				
96139	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES	0-20	\$17.40		\$17.40	\$17.40				
96139	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDITIONAL 30 MINUTES	21+	\$17.40		\$17.40	\$17.40				
96146	NEUROPSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTO RESULTS ONLY	0-20	\$31.63		\$31.63	\$31.63			_	4
96146	NEUROPSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTO RESULTS ONLY	21+	\$31.63		\$31.63	\$31.63			_	4
96156	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT	0-20	\$13.10	\$10.48	\$10.48	\$10.48		_		4
96156	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT	21+	\$16.37		\$13.10	\$13.10				4
96158 96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; FIRST 30 MINUTES HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$24.12 \$12.06		\$19.30 \$9.65	\$19.30 \$9.65		-	-	4
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL IS MINUTES	21+	\$12.06		\$9.65	\$9.65				+
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; FIRST 30 MINUTES HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$30.16		\$24.32	\$24.32 \$12.06			-	1
96164	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, PACE-TO-FACE, EACH ADDITIONAL 13 WINDTES	0-20	\$15.08		\$4.62	\$12.00			-	+
96165	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$2.89		\$2.31	\$2.31			1	1
96164	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$7.22		\$5.78	\$5.78				
96165	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$3.61		\$2.89	\$2.89				
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	0-20	\$23.70		\$18.96	\$18.96				
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$11.85		\$9.48	\$9.48				
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$29.60		\$23.68	\$23.68				
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$14.80		\$11.84	\$11.84				
96170	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	0-20	\$25.52		\$20.42	\$20.42				
96171	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	0-20	\$12.76		\$10.21	\$10.21				
96170	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; FIRST 30 MINUTES	21+	\$31.92		\$25.54	\$25.54			_	
96171	HEALTH BEHAVIOR INTERVENTION, FAMILY WITHOUT PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	21+	\$15.96		\$12.77	\$12.77			_	4
96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	0-20	\$21.68	\$17.34	\$17.34				_	4
96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	21+	\$21.68	\$16.26	\$16.26				_	4
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15-29 Min)	0-20	\$44.08	\$35.26	\$35.26					4
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15-29 Min)	21+	\$44.08	\$35.26	\$35.26					+
99203 99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30-44 Min) NEW PATIENT OFFICE OUTPATIENT - DETAILED (30-44 Min)	0-20	\$64.08	\$51.26	\$51.26					
99203 99204	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30-44 Mill) NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45-59 Min)	21+	\$64.08 \$99.52	\$51.26 \$79.62	\$51.26 \$79.62				-	+
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45-59 Min)	21+	\$99.52	\$79.62	\$79.62				-	+
99205	New PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60-74 Min)	0-20	\$125.53	\$100.42	\$100.42					<u> </u>
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60-74 Min)	21+	\$125.53	\$100.42	\$100.42					
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS	0-20	\$12.73	\$10.18	\$10.18					
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS	21+	\$21.64	\$21.64	\$17.31					
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 -19 Min)	0-20	\$27.29	\$21.83	\$21.83					
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 -19 Min)	21+	\$46.39	\$37.11	\$37.11					
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min)	0-20	\$42.80	\$34.24	\$34.24					
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20-29 Min)	21+	\$72.76	\$58.21	\$58.21					
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min)	0-20	\$64.57	\$51.66	\$51.66					
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (30-39 Min)	21+	\$109.77	\$87.82	\$87.82					4
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min)	0-20	\$93.37	\$74.70	\$74.70				_	4
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 -54 Min)	21+	\$158.73	\$126.98	\$126.98					4
99218 99218	HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min) HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min)	0-20	\$44.91 \$44.91	\$35.93 \$35.93	\$35.93					+
99218 99219	HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min) HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min)	21+			\$35.93			-		4
99219	HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min) HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min)	0-20 21+	\$74.41 \$74.41	\$59.53 \$59.53	\$59.53 \$59.53					+
99219	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (30 Min)	0-20	\$104.35	\$59.53 \$83.48	\$59.53 \$83.48				-	
99220	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min)	21+	\$104.35	\$83.48	\$83.48				1	1
99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	0-20	\$64.43	\$51.54	\$51.54				1	1
99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	21+	\$64.43	\$51.54	Ç5115 I				1	1
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						1
99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)	0-20	\$129.38	\$103.50	\$103.50					1
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					T
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					4
99234	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)	0-20	\$91.00	\$72.80	\$72.80					4
99234	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)	21+	\$91.00	\$72.80	\$72.80					4

	SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT C	odes								
					Medical					
Code	Description	Age	Psychiatrist	APRN/CNS/PA	Psychologist	Psychologist	LCSW	LPC	LMFT	LAC
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					
99408	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	0-20	\$47.65	1.5.5.5	\$38.12					
99408	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	21+	\$47.65	\$38.12	\$38.12					
99451	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	\$22.39
96136 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES (NEUROPSYCH)	0-20	\$38.17	720.00	\$30.53	\$30.53	7	+	+	
96136 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES (NEUROPSYCH)	21+	\$38.17		\$30.53	\$30.53				
96137 TG	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				
96137 TG	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				
96138 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)	0-20	\$25.04		\$25.04	\$25.04				
96138 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES (NEUROPSYCH)	21+	\$25.04		\$25.04	\$25.04				
96139 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	0-20	\$25.04		\$25.04	\$25.04				
96139 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCOTING BY TECHNICIAN, EACH ADDT'L 30 MINUTES (NEUROPSYCH)	21+	\$25.04		\$25.04	\$25.04				
96146 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)	0-20	\$46.15		\$46.15	\$46.15				
96146 TG	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN WITH SINGLE AUTOMATED INSTRUMENT, AUTOMATED RESULTS ONLY (NEUROPSYCH)	21+	\$46.15		\$46.15	\$46.15				
99202 TH	NEW PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (15-29 Min)	10-59	\$47.01		<i>Q</i> 10125	<i><i>φ</i> 10125</i>				
99203 TH	NEW PATIENT - DETAILED (PRENATAL/POST PARTUM) (30-44 Min)	10-59	\$68.35							
99204 TH	NEW PATIENT - COMPREHENSIVE MODERATE COMPLEXITY (PRENATAL/POST PARTUM) (45-59 Min)	10-59	\$106.15							
99205 TH	NEW PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (60-74 Min)	10-59	\$134.33							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM)	10-20	\$13.78							
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PREMATAL/POST PARTUM)	21-59	\$23.43							
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10-19 Min)	10-20	\$27.29							
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (RERNATAL/POST PARTUM) (10-19 Min)	21-59	\$46.39							
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (REENATAL/POST PATIUM) (20-29 Min)	10-20	\$45.65							
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PREMATAL/POST PARTUM) (20-29 Min)	21-59	\$77.61							
99213 TH 99214 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM INCLUSED (REINATAL/POST PARTON) (20/29 Mill) ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTON) (20/30 Mill)	10-20	\$67.88							
99214 TH 99214 TH	ESTABLISHED PATIENT - DETAILED (FREMATAL/POST PARTION) (30-39 Min) ESTABLISHED PATIENT - DETAILED (FREMATAL/POST PARTIN) (30-39 Min)	21-59	\$115.40							
99214 TH 99215 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTOM) (30-39 Mill) ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40-54 Min)	10-20	\$93.37							
99215 TH 99215 TH	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40-54 Min) ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40-54 Min)	21-59	\$158.73							
					¢11.02					
H0049	ALCOHOL AND/OR DRUG SCREENING	0-20	\$14.78	\$11.82	\$11.82					
H0049	ALCOHOL AND/OR DRUG SCREENING	21+	\$14.78	627.CO	¢27.00					
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	0-20	\$34.50		\$27.60					
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	21+	\$34.50							

004 ALCO 005 ALC 0005 ALC 0005 ALC 0005 ALC 0010 ALC 0111 ALC 0112 ALC 0112 ALC 0112 ALC 0112 ALC 0112 ALC 0113 ALC 0114 ALC 0112 ALC 0113 ALC 0114 ALC 0115 ALC 0115 ALC 0118 THH 0118 THH 0119 BEH 019 BEH 019 BEH 019 BEH 019 BEH 019 BEH 019 BEH 01036 CO 01036 CO 01036 CO 0139 ASS 019 ASS <t< th=""><th>Description COHOL AND/OR DRUG ASSESSMENT COHOL AND/OR DRUG SERVICES - INDIVIDUAL COHOL AND/OR DRUG SERVICES - ROUP (PER PERSON) COHOL AND/OR DRUG SERVICES - RAULY (PER FAMILY MEMBER) COHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM COHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM COHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM COHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COMULITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TRE</th><th>Modifier* HF HQ HR, HS TG SE HQ HU HQ HU HQ HQ HQ HQ HQ HQ UR HK HF SE, HF U8 U8 HK HE TG TG, U8</th><th>Unit Visit Visit Visit Visit Day Day Day Day Day Day Day Day Day Day</th><th>HB = Adult 0+ 0+ 0+ 0+ 0+ 2+ 21+ 21+ 21+ 21+ 0-20 21+ 0-20 21+ 0-20 21+ 0-20 22+ 0-20 22+ 0-20 21+ 0+ 0+ 0+ 0+ 0+ 0+ 0+ 0+</th><th>(HO) (HO) (\$65.27 (\$42.38 (\$9.23 (\$21.53 (\$21.53 (\$21.53) (\$16.17 (\$2.31) (\$12.00) (\$12.00) (\$12.00) (\$12.00) (\$13.06) (\$18.06)</th><th>(HN) \$65.27 \$42.38 \$9.23 \$21.53 \$16.17 \$2.31 \$12.00</th><th>(HM) \$43.44 \$34.25 \$6.52 \$15.23 \$15.23 \$11.44 \$1.64 \$8.00</th><th>Per Diem \$290. \$43. \$72. \$72. \$17. \$178. \$178. \$178. \$178. \$178. \$178.</th></t<>	Description COHOL AND/OR DRUG ASSESSMENT COHOL AND/OR DRUG SERVICES - INDIVIDUAL COHOL AND/OR DRUG SERVICES - ROUP (PER PERSON) COHOL AND/OR DRUG SERVICES - RAULY (PER FAMILY MEMBER) COHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM COHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM COHOL AND/OR DRUG SERVICES - ACUTE DETOX 3.7-WM COHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COMULITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TRE	Modifier* HF HQ HR, HS TG SE HQ HU HQ HU HQ HQ HQ HQ HQ HQ UR HK HF SE, HF U8 U8 HK HE TG TG, U8	Unit Visit Visit Visit Visit Day Day Day Day Day Day Day Day Day Day	HB = Adult 0+ 0+ 0+ 0+ 0+ 2+ 21+ 21+ 21+ 21+ 0-20 21+ 0-20 21+ 0-20 21+ 0-20 22+ 0-20 22+ 0-20 21+ 0+ 0+ 0+ 0+ 0+ 0+ 0+ 0+	(HO) (HO) (\$65.27 (\$42.38 (\$9.23 (\$21.53 (\$21.53 (\$21.53) (\$16.17 (\$2.31) (\$12.00) (\$12.00) (\$12.00) (\$12.00) (\$13.06) (\$18.06)	(HN) \$65.27 \$42.38 \$9.23 \$21.53 \$16.17 \$2.31 \$12.00	(HM) \$43.44 \$34.25 \$6.52 \$15.23 \$15.23 \$11.44 \$1.64 \$8.00	Per Diem \$290. \$43. \$72. \$72. \$17. \$178. \$178. \$178. \$178. \$178. \$178.
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D12 ALC ALC ALC D12 ALC D12 ALC D112 ALC D115 ALC D116 THR D118 THR D119 BEH D1200 ALC D1306 COI D1306 COI D1306 COI D1307 ASS D1308 PEE D1309 ASS D1309 ASS D1309 ASS	COHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM COHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM COHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** COHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - SERVICES DM	SE HQ HQ HH HK K SE, HF US US US HK HE TG	Day Day Day 15 min 15 min Day Day Day Day Day Day Day Day Day Day	0-20 21+ 21+ 0+ 0-20 21+ 0-20 0-20 0-20 0-20 21+ 21+ 21+ 0+ 0+ 0+ 0+ 0+ 0+ 0- 0- 0- 0- 0- 0- 0- 0- 0- 0-	\$2.31 \$12.00	\$2.31	\$1.64	\$7: \$7: \$1: \$1: \$17: \$17: \$17: \$17: \$17:
D12 ALC D12 ALC D15 ALC D15 ALC D15 ALC D15 ALC D15 ALC D15 ALC D18 THH D18 THH D18 THH D19 BFH D20 ALC D20 ALC D36 COI D36 COI D36 COI D36 COI D37 COI D38 PEE D39 ASS D39	COHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM COHOL AND/OR DRUG SERVICES - SUBACUTE DETOX 3.2-WM ROOM AND BOARD** COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP ERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING IERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** COHOL AND/OR DRUG SERVICES - METHABONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE THEORY 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE THEORY 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE THEORY 1/20/20 MMUNITY PSYCHIATIG SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY MMUNITY PSYCHIATIG SUPPORTIVE TREATMENT INDIVIDUAL OFFICE MMUNITY PSYCHIATIG SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY MMUNITY PSYCHIATIG SUPPORTIVE TREATMENT - PHISTION AL FAMILY THERAPY MMUNITY PSYCHIATIG SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY SERVICES MEDIATION SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY SERVICES MUNINTY PSYCHIATIG SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY SERVICES SERVICES - SERVICES - SERVICES - THEORY 1/20/20 MMUNITY PSYCHIATIG SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY SERVICES SERVICES - SERVICES	HQ. HQ. HH. HK. HF. SE, HF. U8. U8. U8. HK. HE. TG.	Day Day 15 min 15 min Day Day Day Day Day Day Day Day Day Day	21+ 21+ 21+ 0+ 0-20 21+ 0-20 0-20 0-20 0-20 22+ 21+ 21+ 21+ 0+ 0+ 0+	\$2.31 \$12.00	\$2.31	\$1.64	\$77 \$11 \$177 \$177 \$177 \$177 \$83
D12 ALC D15 ALC D18 THB D18 THB D18 THB D19 BFF D19 BFC D20 ALC D20 ALC D20 ALC D336 COI D337 ASS D339 ASSS D339<	COHOL AND/OR DRUG SERVICES - SUBACUTE DETCX 3.2-WW ROOM AND BOARD** COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 RORUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP EKAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING EKAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING EKAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP EKAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 3.3 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 COMULITY PSYCHIATRIC SUPPORTIVE TREATMENT I INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT I HONIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUIDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUIDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFI	HQ. HQ. HH. HK. HF. SE, HF. U8. U8. U8. HK. HE. TG.	Day 15 min 15 min 15 min Day Day Day Day Day Day Day Day	21+ 0+ 0-20 21+ 0-20 0-20 0-20 21+ 21+ 21+ 0+ 0+ 0+ 0+	\$2.31 \$12.00	\$2.31	\$1.64	\$17 \$17 \$17 \$17 \$17 \$17 \$8
D15 ALC D15 ALC D15 ALC D15 ALC D18 THE D18 THE D18 THE D18 THE D19 BEF D19 BEF D20 ALC D20 ALC D20 ALC D36 COI D36 COI D36 COI D36 COI D37 COI D38 PEE D39 ASS D39	COHOL AND/OR DEUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL COHOL AND/OR DEUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DEUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP IERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING IERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING IERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 HAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 MMUNITY PSYCHIATIG SUPPORTIVE TREATMENT INDIVIDUAL OFFICE MMUNITY PSYCHIATIG SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBULIEDERS MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUSH INDIVIDUAL OFFICE MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE SMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY ER SUPPORT SERVICES SERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*	HQ. HQ. HH. HK. HF. SE, HF. U8. U8. U8. HK. HE. TG.	15 min 15 min 15 min Day Day Day Day Day Day Day Day 15 min 15 min	0+ 0-20 21+ 0-20 0-20 0-20 21+ 21+ 21+ 0+ 0+ 0+ 0+	\$2.31 \$12.00	\$2.31	\$1.64	\$17; \$17; \$17; \$17; \$8;
ALC ALC 015 ALC 016 THH 018 THH 019 BEF 019 BEF 019 BEF 019 BEF 019 BEF 020 ALC 020 ALS 02030 ALS 02030 ALS 02030 ALS 0203	COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP COHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP IERAPEUTIC GROUP HOME PER DIEM IERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING IERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 5.3 IHAVIORAL HEALTH LONG TERM RESIDENTIAL THOMOLOGIC COMMUNITY IHAVIORAL HEALTH SUPPORTIVE TREATMENT - FUNCIONAL FAMILY THERAPY IHAVIORAL HEALTH SUPPORTIVE TREATMENT - 5.9 IHAVIOLAL OFFICE IHAVIORAL HEALTH SUPPORTIVE TREATMENT - 5.9 IHAVIOLAL OFFICE IHAVIORAL HEALTH SUPPORTIVE TREATMENT - 5.9 IHAVIORAL HEALTH LONG TERM RESIDENTIAL SUPPORTIVE TREATMENT - 5.9 IHAVIORAL HEALTH AND THE FLATHENT - 5.9 IHAVIORAL HEALTH AND THE FLATHENT - 5.9 IHAVIORAL HEALTH AND THE FLATHENT - 5.9 IHAVIORAL HEALTH LONG TERM RESIDENTIAL SUPPORTIVE TREATMENT - 5.	HQ HH HK HF SE, HF U8 U8 U8 HK HK HE TG	15 min 15 min Day Day Day Day Day Day Day Day	0-20 21+ 0-20 0-20 0-20 21+ 21+ 21+ 0+ 0+ 0+ 0+ 0+	\$2.31 \$12.00	\$2.31	\$1.64	\$178 \$178 \$83
D15 ALC D18 THE D18 THE D18 THE D18 THE D18 THE D18 THE D19 BEF D19 BEF D20 ALC D20 ALC D306 COI D306 COI D306 COI D307 COU D308 PEE D309 ASS D309 ASS D	COHOL AND/OR DEUG SERVICES - INTENSIVE OUTPATIENT 2.1 GROUP IERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING IERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING IERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFENDERS IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - IEFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - IEFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - IEFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - IEFFECTIVE 1/20/20 MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRICS SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRICS SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRICS SUPPORTIVE	HH HK HF US US US HK HE TG	Day Day Day Day Day Day Day 15 min 15 min 15 min	0-20 0-20 21+ 21+ 0+ 0+ 0+ 0+		\$12.00	\$8.00	\$17 \$17 \$8
D18 THE D18 THE D18 THE D19 BT D19 BEF D20 ALC D20 ALC D20 ALC D20 ALC D20 ALC D336 COID D36 COID D36 COID D36 COID D36 COID D37 ASS D39 ASS D39 </td <td>IERAFEUTIC GROUP HOME PER DIEM IERAFEUTIC GROUP HOME PER DIEM - CO-OCCURRING IERAFEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBULGERS MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY SERVICES SERVICES MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY SERVICES SERV</td> <td>НК НF SE, HF U8 U8 U8 HK HE TG</td> <td>Day Day Day Day Day Day 15 min 15 min</td> <td>0-20 0-20 21+ 21+ 0+ 0+ 0+ 0+</td> <td>£18.0¢</td> <td></td> <td></td> <td>\$17 \$17 \$8</td>	IERAFEUTIC GROUP HOME PER DIEM IERAFEUTIC GROUP HOME PER DIEM - CO-OCCURRING IERAFEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DEUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBULGERS MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY SERVICES SERVICES MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY SERVICES SERV	НК НF SE, HF U8 U8 U8 HK HE TG	Day Day Day Day Day Day 15 min 15 min	0-20 0-20 21+ 21+ 0+ 0+ 0+ 0+	£18.0¢			\$17 \$17 \$8
D18 TH8 D19 BFH D19 BFH D20 ALC D20 ALC D20 ALC D20 ALC D20 ALC D20 ALC D36 COID D37 COID D38 COID D39 ASS	IERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFENDERS IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*	НК НF SE, HF U8 U8 U8 HK HE TG	Day Day Day Day Day 15 min 15 min 15 min	0-20 21+ 21+ 0+ 0+ 0+	618.0C			\$17 \$8
D19 BEH D19 BEI D19 BEI D20 ALC D20 ALC D20 ALC D20 ALC D20 ALC D36 COI D36 COI D36 COI D36 COI D37 COI D38 PEE D39 ASS D45	HAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 HAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE MMUNITY PSYCHIATRIC SUPPORTIVE PREATMENT - PSH INDIVI	HF SE, HF U8 U8 HK HK HE TG	Day Day Day Day 15 min 15 min 15 min	21+ 21+ 0+ 0+ 0+	<u></u>			\$8
D19 BEH D20 ALC D20 ALC D20 ALC D36 COI D37 COI D38 PEE D39 ASS D45 CRI D47 ALC	IHAVIORAL HEALTH LONG TERM RESIDENTIAL - 3.3 ROOM AND BOARD** COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE PROVENCES DMMUNITY PSYCHIATRICES DMMUNITY	SE, HF U8 U8 U8 HK HE TG	Day Day Day 15 min 15 min 15 min	21+ 0+ 0+ 0+	¢18.06			
D20 ALCO D20 ALCO D36 COI D37 ASS D39 ASS D45 CRINO	COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE - EFFECTIVE 1/20/20 COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT I NDIVIDUAL OFFICE MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT I NDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY ERSUPPORT SERVICES SERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*	U8 U8 HK HE TG	Day Day 15 min 15 min 15 min	0+ 0+ 0+	£19.05			
D20 ALCC D36 COID D37 COID D39 ASSS D39 ASS D39 ASS D39 ASS D39 ASS D39 ASS D304 CRIN	COHOL AND/OR DRUG SERVICES - METHADONE ADMINISTRATION OR SERVICE (TAKE HOME) - EFFECTIVE 1/20/20 MMUNITY PSYCHIATRIG SUPPORTIVE TREATMENT INDVIDUAL OFFICE MMUNITY PSYCHIATRIG SUPPORTIVE TREATMENT INDVIDUAL OFFICE MMUNITY PSYCHIATRIG SUPPORTIVE TREATMENT - HOMEBUILDERS MMUNITY PSYCHIATRIG SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY MMUNITY PSYCHIATRIG SUPPORTIVE TREATMENT - PSH INDVIDUAL OFFICE MMUNITY PSYCHIATRIG SUPPORTIVE TREATMENT - PSH INDVIDUAL OFFICE MMUNITY PSYCHIATRIG SUPPORTIVE TREATMENT - PSH INDVIDUAL OFFICE MMUNITY PSYCHIATRIG SUPPORTIVE TREATMENT - PSH INDVIDUAL COMMUNITY ER SUPPORT SERVICES SERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*	U8 HK HE TG	Day 15 min 15 min 15 min	0+ 0+	¢18.06			\$21
036 COI 037 ASS 039 ASS 045 CRI 047 ALC	DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT I INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT I INDIVIDUAL COMMUNITY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE SUPPORT SERVICES SERTIVE COMMUNITY SERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*	U8 HK HE TG	15 min 15 min 15 min	0+	¢19.06			\$10
036 COI 037 COI 038 PEE 039 ASS 045 CRI 047 ALC	MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS MMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY ER SUPPORT SERVICES SERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*	HK HE TG	15 min 15 min			4		\$16
036 COI 036 COI 036 COI 036 COI 036 COI 036 COI 037 ASS 039 ASS 045 CRI 047 ALC	DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY ER SUPPORT SERVICES SERTVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*	HK HE TG	15 min	U+	\$20.28	\$14.87 \$16.85		_
036 COI 036 COI 036 COI 038 PEE 039 ASS 039 ASS 045 CRI 047 ALC	MMUNITY PSYCHATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY MMUNITY PSYCHATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE MMUNITY PSYCHATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY ER SUPPORT SERVICES SERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*	HE TG		0+	\$20.28	\$16.85 \$30.61		
036 COI 036 COI 038 PEE 039 ASS 045 CRI 047 ALC	DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE DMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY ER SUPPORT SERVICES SERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*	TG		0+	\$38.55	\$30.61		-
036 COI 038 PEE 039 ASS 045 CRI 047 ALC	MMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY ER SUPPORT SERVICES SERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*		15 min 15 min	0+	\$19.00	\$15.60	\$15.60	
038 PEE 039 ASS 045 CRI 047 ALC	ER SUPPORT SERVICES SERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM*		15 min	0+	\$21.30	\$17.70	\$17.70	
039 ASS 039 ASS 039 ASS 039 ASS 039 ASS 039 ASS 045 CRI 047 ALC			15 min	21+	\$12.61	\$12.61	\$12.61	
039 ASS 039 ASS 039 ASS 039 ASS 039 ASS 045 CRI 047 ALC	CERTINE COMMUNITY TREATMENT - RUNCICIAN REP REAM		Day	18-20	\$151.11	\$112.63	\$86.04	
039 ASS 039 ASS 039 ASS 045 CRI 047 ALC	SERTIVE COMMUNITY TREATMENT - PHYSICIAN PER DIEM*	AM	Day	18-20				\$373
039 ASS 039 ASS 045 CRI 047 ALC	SERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	U1	Month	21+				\$1,100
039 ASS 045 CRI 047 ALC	SERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	U2	Month	21+				\$900
045 CRI 047 ALC	SSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	U3	Month	21+				\$750
047 ALC	SSERTIVE COMMUNITY TREATMENT - SUBSEQUENT MONTHS*** NISIS STABILIZATION – INDIVIDUAL - EFFECTIVE 10/01/16	НА	Month	21+ 0-20				\$1,100 \$180
	COHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE) - EFFECTIVE 1/20/20	па	Day Day	0+20				\$180
	COHOL AND/OR DRUG SERVICES - NOS (BUPRENORPHINE SERVICE - TAKE HOME) - EFFECTIVE 1/20/20	U8	Day	0+				\$15.
		00	15 min	0-20	\$31.69	\$31.69	\$23.17	
011 CRI	RISIS INTERVENTION FOLLOW UP		15 min	21+	\$31.69	\$31.69	\$23.17	
013 PSY	YCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF		Day	0-20				\$335
	YCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED)	TG	Day	0-20				\$335
	YCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM 3.7)	TG, HF	Day	0-20				\$335
	YCHOSOCIAL REHABILITATION INDIVIDUAL OFFICE		15 min	0+	\$10.99	\$10.99	\$10.99	
	YCHOSOCIAL REHABILITATION INDIVIDUAL COMMUNITY	U8	15 min	0+	\$12.67	\$12.67	\$12.67	
	YCHOSOCIAL REHABILITATION PSH INDIVIDUAL OFFICE	TG TG. U8	15 min 15 min	0+	\$10.99 \$12.67	\$10.99 \$12.67	\$10.99 \$12.67	
	YCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY YCHOSOCIAL REHABILITATION GROUP OFFICE	HQ	15 min 15 min	0-20	\$12.67	\$12.67	\$2.20	
	YCHOSOCIAL REHABILITATION GROUP COMMUNITY	U8, HQ	15 min	0-20	\$2.53	\$2.53	\$2.53	
	YCHOSOCIAL REHABILITATION PSH GROUP OFFICE	TG, HQ	15 min	0-20	\$2.20	\$2.20	\$2.20	
017 PSY	YCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY	TG, U8, HQ	15 min	0-20	\$2.53	\$2.53	\$2.53	
	YCHOSOCIAL REHABILITATION GROUP OFFICE	HQ	15 min	21+	\$1.37	\$1.37	\$1.37	
017 PSY	YCHOSOCIAL REHABILITATION GROUP COMMUNITY	U8, HQ	15 min	21+	\$1.59	\$1.59	\$1.59	
	YCHOSOCIAL REHABILITATION PSH GROUP OFFICE	TG, HQ	15 min	21+	\$1.37	\$1.37	\$1.37	
	YCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY	TG, U8, HQ	15 min	21+	\$1.59	\$1.59	\$1.59	
	ULTI SYSTEMIC THERAPY - 12 - 17 YEAR OLD TARGET POPULATION		15 min	0-20	\$36.01	\$30.23		
	COHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1		Day	0-20				\$60 \$70
	COHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 COHOL AND/OR DRUG SERVICES - HALFWAY HOUSE 3.1 ROOM AND BOARD**	SE	Day	21+				\$14
	COHOL AND/OR DRUG SERVICES - HALFWAT HOUSE 5.1 ROOM AND BOARD		Day Day	0+				\$212
	COHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 COHOL AND/OR DRUG TREATMENT PROGRAM - 3.5 ROOM AND BOARD**	SE	Day	21+				\$31
	COHOL AND/OR DRUG TREATMENT PROGRAM - 3.7	TG	Day	21+				\$290
	COHOL AND/OR DRUG TREATMENT PROGRAM - 3.7 ROOM AND BOARD**	SE, TG	Day	21+				\$56
71 BUI	JPRENORPHINE, ORAL, 1 MG - EFFECTIVE 1/20/20		1mg	0+				\$0
	JPRENORPHINE, ORAL, 1 MG (TAKE HOME) - EFFECTIVE 1/20/20	RD	1mg	0+				\$0
	JPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG - EFFECTIVE 1/20/20		One Dose	0+				\$4
	JPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG (TAKE HOME) - EFFECTIVE 1/20/20	RD	One Dose	0+				\$4
	JPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG - EFFECTIVE 1/20/20	00	One Dose	0+				\$8
	JPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG (TAKE HOME) - EFFECTIVE 1/20/20 JPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG - EFFECTIVE 1/20/20	RD	One Dose One Dose	0+				\$8 \$8
	JPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG - EFFECTIVE 1/20/20 JPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG (TAKE HOME) - EFFECTIVE 1/20/20	RD	One Dose One Dose	0+				\$8 \$8
	JPRENORPHINE/NALOXONE, UKAL, GREATER THAN 5 MG, BUT LESS THAN OR EQUAL TO 10 MG (TAKE HOME) - EFFECTIVE 1/20/20 JPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG - EFFECTIVE 1/20/20	ND	One Dose	0+			-	\$8 \$16
75 BUI	JPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG - EFFECTIVE 1/20/20 JPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG (TAKE HOME) - EFFECTIVE 1/20/20	RD	One Dose	0+				\$16
	NISIS INTERVENTION PER DIEM	1.2	Day	0-20	\$353.65	\$353.65	\$278.05	
	ISIS INTERVENTION PER DIEM	1	Day	21+	\$353.65	\$353.65	\$278.05	
ote: Add Age a	and Degree Level Modifiers as applicable indicated in columns E - H. If service is provided by an LMHP, code accordingly.							
	ind Board is not a State Plan service, but was historically covered under LBHP at the rates listed.							

V10 10/26/2021

	SPECIALIZED SERVICES FOR ADULTS WITH SERIOUS MENTAL ILLNESS							
Code	Description	Modifier	Unit	RATE				
S5125	PERSONAL CARE SERVICES (BILLABLE FOR < 28 UNITS/DAY) - EFFECTIVE 2/1/22		15 Minutes	\$6.78				
S5126	PERSONAL CARE SERVICES (BILLABLE FOR <u>></u> 28 UNITS/DAY) - EFFECTIVE 2/1/22		Per Diem	\$189.84				
H2024	INDIVIDUAL PLACEMENT AND SUPPORT (BILLABLE PER ENCOUNTER) - EFFECTIVE 2/1/22		Encounter	\$62.50				
H2024	INDIVIDUAL PLACEMENT AND SUPPORT (BILLABLE WHEN \geq 6 ENCOUNTERS PER MONTH) - EFFECTIVE 2/1/22	TG	PMPM	\$406.26				

ADULT CRISIS SERVICES

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

	COMMONLY USED MODIFIERS FOR BILLING							
AF	PSYCHIATRIST	Used to bill for services provided by a Psychiatrist						
AH	CLINICAL PSYCHOLOGIST	Used to bill for services provided by a Psychologist						
AJ	CLINICAL SOCIAL WORKER	Used to bill for services provided by a LCSW						
AM	PHYSICIAN, TEAM MEMBER SERVICE	Used to bill Physician's rate for ACT - H0039						
SA	APRN, CNS, PHYSICIANS ASSISTANT	Used to bill for services provided by an APRN, CNS or PA						
GC	RESIDENT	Used to bill for services provided by a Resident						
95	TELEMEDICINE	Used to bill for services (CPT code) provided via telehealth MUST include the combination of Place of Service (POS) = 02 AND Modifier 95						
HA	CHILD/ADOLESCENT PROGRAM	Used to bill for a service provided to a child or adolescent to distinguish rate						
HB	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						
нк	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill CPST - Homebuilders - H0036						
нк	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill TGH - Sexual Offenders - H0018						
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill CBCS and BHCC/BHS - H2011, S9484, S9485						
НМ	LESS THAN BACHELORS DEGREE LEVEL	Used to bill for clinician with less than a Bachelors degree						
HN	BACHELORS DEGREE LEVEL	Used to bill for clinician with a Bachelors degree						
HO	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						
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
HUU15	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT 2.1 INDIVIDUAL	Addiction Counseling and Educational Resources, Inc.	HN or HO	15 min.	\$25.00
	PSYCHOSOCIAL REHABILITATION GROUP OFFICE	VOA North Louisiana	HB,HQ	15 min.	\$2.10
	PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY	VOA North Louisiana	HB,HQ	15 min.	\$2.10
	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

	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				
			Visit of 30					
99368	CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH	HA	min. or					
	CARE PROFESSIONAL		more	\$9.86				
child and	use this code for attendance at CFT meetings for CSoC members. Family Suppo family team meetings for the purposes of developing a treatment plan may bill /guardian is in attendance at the meeting and the development of the treatmer	for their part	ticipation tim	ne when				

SPECIALIZED BEHAVIORAL HEALTH SERVICES - COORDINATED SYSTEM OF CARE